

Question and Response: FOI 0025 2026 – Mental Wellbeing, Resilience and Suicide Prevention / Executive Working Group

You requested the following information.

I would like to request information under FOI in relation to the Executive working group on Mental Wellbeing, Resilience and Suicide Prevention.

Can you please provide me with their:

Terms of Reference - including its purpose, objectives, scope, remit, reporting arrangements and accountability and any revisions to the group since established.

Copies of agenda and Minutes of all meetings held to date.

Details of outputs and actions.

Details of recommendations made to ministers or the Executive and whether recommendations were actioned.

Details of Current list of members on working group including names, roles and organisations of current members.

Exact dates of all meetings since established in Jan 2020.

The frequency with which the group is scheduled to meet.

Records of any cancelled or postponed meetings.

Information specifically on how the working group has reviewed, assessed or responded to trends in suicide deaths in NI and the rate increase in recent years.

Can you provide me with information where this group acknowledges shortcomings in funding for delivering the current Mental Health Strategy and what specific action and discussion took place around this.

Has consideration been given to a specific, emergency crisis response in relation to increase in trends?

Can you provide information as to what discussion took place specifically around financial considerations under scrutiny and what mitigations were discussed and put in place for not fully funding the Strategy.

Has a risk assessment been carried out to consider this specific issue, ie shortcomings in funding of strategy and can a copy be provided?

Can you provide information where direction was given and then taken to set up an inquiry under the APG Suicide Prevention group.

Who gave this direction and rationale for this inquiry?

Will this inquiry feed into the working group and what outcomes are they looking for, what is the scope of that inquiry and how will it add to already known knowledge about the sector and current increase in suicide crisis being faced?

RESPONSE

Following consultation with Departmental colleagues, I can offer the following responses.

A response to each of your requests is provided below:

1. Terms of Reference

Please find Terms of Reference attached. A new Terms of Reference for the working group are to be discussed at the next meeting, which is taking place on 12 March 2026.

2. Copies of agenda and minutes of all meetings held to date

Please find agendas and minutes of all meetings held to date attached. Redactions in the minutes relate to junior members of staff.

3. Details of outputs and actions.

Details of actions and outputs from the meetings are contained within the minutes.

4. Details of recommendations made to Ministers or the Executive and whether recommendations were actioned.

The Executive Working Group acts as a monitoring and reporting group that allows high level overview of the cross-departmental actions supporting suicide prevention, resilience and emotional health and wellbeing. Ministers normally receive updates and presentations at this meeting rather than recommendations. A record of all presentations and updates to Ministers are contained within the attached minutes.

5. Details of Current list of members on working group including names, roles and organisations of current members.

The current Membership list is attached.

6. Exact dates of all meetings since established in Jan 2020.

Meetings took place on 4th March 2020, 29th July 2020, 8 October 2020, 3rd March 2021, 6th October 2021, 3rd April 2025.

7. The frequency which the group is scheduled to meet.

The existing Terms of Reference is for quarterly meetings however in practice this has not been possible due to pressures on Ministerial diaries. A revised Terms of Reference is being discussed at the 12 March meeting and will review future frequency of meetings.

8. Records of any cancelled or postponed meetings.

Meetings were planned and cancelled or postponed on: 6 April 2022, 1 July 2024 and 22 January 2026. However, it should be noted that no formal record is kept of meetings that did not take place and there may be further meetings cancelled or postponed beyond these.

9. Information specifically on how the working group has reviewed, assessed or responded to trends in suicide deaths in NI and the rate increase in recent years.

Commented [SB1]: Would we not know as chair if there were other meetings scheduled ?

Commented [SC2R1]: We only know the 3 dates mentioned as we had started briefing for them then they got pulled. I think there were more beyond this which got planned, then Ministers became unavailable and got pulled. There is no record of those on CM or in our diaries as the diary entry just gets deleted when the meeting is cancelled.

Former Minister Swann presented on the NISRA suicide figures from 2019 to 2020 at the October 2021 meeting. The Health Minister normally provides an update to members on suicide statistics in Northern Ireland at the beginning of each meeting. The next meeting is expected to review the most recent suicide deaths data released by NISRA.

10. Can you provide me with information where this group acknowledges shortcomings in funding for delivering the current Mental Health Strategy and what specific action and discussion took place around this.

The issue of funding pressures and affordability within the Mental Health Strategy was discussed on a number of occasions by the Executive Working Group. In particular:

24 March 2025 - Mental Health Strategy Orientation Paper – This paper acknowledges significant funding shortcomings for delivering the Mental Health Strategy by highlighting that Northern Ireland's mental health funding remains substantially below both need and UK comparators. It notes that no additional funding has been provided to support Strategy implementation, despite the Strategy's estimated £1.2bn cost over 10 years, and that annual allocations fall far short of what is required. As a result, while 19 actions are progressing, the paper makes clear that delivery is constrained by limited resources and that full implementation is not currently affordable.

3 April 2025 - Executive Working Group Meeting– Professor Siobhan O'Neill, Mental Health Champion, stated that she believed the Mental Health Strategy was a clear plan for transformative change in how mental health services are delivered in Northern Ireland. She relayed her concerns in relation to the progress of the Strategy under current funding levels and that if the required funding was not found then this could render parts of the strategy obsolete and require reviews that have already been done to be repeated.

11. Has consideration been given to a specific, emergency crisis response in relation to increase in trends.

This has not been considered by the Executive Working Group, however following the publication of the recent report by NISRA Profiling Suicide Deaths in Northern Ireland which detailed socioeconomic deaths by suicide, longitudinal trends are likely to be discussed at the next meeting.

12. Can you provide information as to what discussion took place specifically around financial considerations under scrutiny and what mitigations were discussed and put into place for not fully funding the strategy

The Mental Health Strategy Orientation Paper presented at the 3 April meeting notes that the Department has commenced a formal review of the deliverability of the Strategy, to be completed by June 2025, in line with a Public Accounts Committee recommendation. It also sets out that work will continue only on key enabling actions within the existing funding envelope, and that further cross-departmental engagement will be required to address wider determinants and ensure coherent Executive-wide support for mental health outcomes.

Commented [SB3]: PL2 or mental health strategy?

It recommends that the Executive Working Group:

- notes that mental health is impacted by a range of social determinants impacted by all Departments of the Executive; and
- agrees that further work should be done to consider how the work of each Department might contribute to the aims and objectives of the Mental Health Strategy

13. Has a risk assessment been carried out to consider this specific issue, ie shortcomings in funding of strategy and can a copy be provided.

The Mental Health Strategy Review of Deliverability 2026 – 29 report was undertaken to allow the Department to refocus and prioritise activity within its constrained budget, while also reiterating that the full Strategy remains essential for driving the transformation of mental health services.

The report can be found here: [The Northern Ireland Mental Health Strategy A Review of the deliverability of the Strategys Actions 2026-2029 - FINAL.pdf](#)

14. Can you provide information where direction was given and then taken to set up an inquiry under the APG Suicide Prevention Group.

The Executive Working Group does not give direction for this Inquiry. The decision is taken by the chair of the APG.

15. Who gave this direction and rationale for this inquiry.

The Executive Working Group does not give direction for this inquiry. The decision is taken by the chair of the APG.

16. Will this inquiry feed into the working group and what outcomes are they looking for, what is the scope of that inquiry and how will it add to already known knowledge about the sector and current increase in suicide crisis being faced.

The Department of Health will make the Executive Working Group aware of the outcomes of the Inquiry once the report is published by the APG. The chair of the APG will be able to provide answers regarding the scope of the inquiry and how it supplements existing research and knowledge.

Agendas:

Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention – 2.30pm Wednesday 4 March 2020, Executive Room, Stormont Castle
Agenda

1. Welcome and Introduction (Minister Swann)
2. Terms of Reference and membership (Minister Swann) - paper
3. Mental Health Action Plan (Minister Swann) – verbal update
4. Departmental Reporting against progress of “Protect Life 2” Actions and

any other current mental wellbeing or resilience programmes (Ministers)

– paper

Finance update on programmes

5. Our Future Foyle – Foyle Aware (PHA/DoH/Urban Scale Interventions) - presentation

6. Multi Agency Triage Team Update (DoH/ PHA) – verbal update

7. Towards Zero Suicide Training (Minister Swann) – verbal update

8. Draft press release – to follow

9. Any other business

10. Date of next meeting

Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention – 3.00pm Wednesday 29 July 2020, Executive Room, Stormont Castle by videoconference

Agenda

1. Welcome and Introduction (Minister Swann)

2. Minutes of previous meeting (Minister Swann)

3. Update on Flourish Churches Suicide Prevention Initiative (PHA) - paper

4. Covid-19 Mental Health Update (Tomas Adell) – verbal update/paper

5. Elephant in the Room Presentation/Update (JohnJo McGrady)

6. Mental Health Champion Update Prof Siobhan O’Neill

7. Departmental Reporting against progress of “Protect Life 2” Actions and any other current mental wellbeing or resilience programmes (Ministers)

– paper

8. Any other business

9. Date of next meeting

Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention – 10 am Thursday 8 October 2020, by videoconference

Agenda

1. Welcome and Introduction (Minister Swann)

2. Minutes of previous meeting (Minister Swann)

3. Covid-19 Mental Health Update (Tomas Adell) – verbal update

4. Mental Health Strategy/Action Plan (Tomas Adell) – verbal update
5. Mental Health Champion Deliverables (Prof Siobhan O'Neill)
6. Departmental Reporting against progress of “Protect Life 2” Actions and any other current mental wellbeing or resilience programmes (Ministers)
– paper
7. Press Release for agreement for World Mental Health Day
8. Any other business
9. Date of next meeting

Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention – 11.30 am Wednesday 3 March 2021, by videoconference

Agenda

1. Welcome and Introduction (Minister Swann)
2. Minutes of previous meeting (Minister Swann)
3. Substance Misuse Strategy Update (Gary Maxwell)
4. Relink Report to Improve Health and Wellbeing along the Westlink (PHA)
5. Departmental Reporting against progress of “Protect Life 2” Actions and any other current mental wellbeing or resilience programmes (Ministers)
– paper
6. Press Release for agreement
7. Any other business
8. Date of next meeting

Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention – 1.30 pm Wednesday 6 October 2021, by videoconference

Agenda

1. Welcome and Introduction (Minister Swann)
2. Minutes of previous meeting (Minister Swann)
3. Families Voices Forum Presentation (Clare Curran & Lisa Archibald)
4. Future Foyle - Written Update
5. Departmental Reporting against progress of “Protect Life 2” Actions and any other current mental wellbeing or resilience programmes (Ministers)
– paper

6. Press Release for agreement
7. Any other business
8. Date of next meeting

Executive Working Group on Public Health

3rd April 2025, Executive Room, Stormont Castle

Agenda

1. Welcome and Introduction (Minister Nesbitt)
2. Setting the Scene (Minister Nesbitt and TBC)
3. Draft Terms of Reference – Annex A (Minister Nesbitt)
4. Protect Life 2 Suicide prevention
 - Agreement of new Protect Life 2 Suicide Prevention Action Plan – (Minister Nesbitt/TBC) Annex B
 - Departments update report (for information) Annex C
5. Mental Health Strategy – orientation paper Annex D
6. Press Release for agreement
7. Any other business
8. Forward plans including date of next meeting

Minutes:

Annex A

MINUTES OF EXECUTIVE WORKING GROUP ON MENTAL WELLBEING,
RESILIENCE AND SUICIDE PREVENTION, STORMONT CASTLE,
4TH MARCH 2020

Attendees:

Minister Robin Swann DoH - Chair

First Minister Arlene Foster TEO

Deputy First Minister Michelle O'Neill, TEO

Minister Peter Weir, DE

Minister Edwin Poots, DAERA

Minister Deirdre Hargey, DfC

Minister Nichola Mallon, DfI

Junior Minister Gordon Lyons, TEO

Junior Minister Declan Kearney, TEO

Dr Michael McBride, DoH, Chief Medical Officer

Bryan Dooley, DoH

Tomas Adell, DoH

Ronnie Armour, DoJ

Sholto Carnew, DoH

Brendan Bonner, PHA

Apologies:

Minister Diane Dodds, DfE

Minister Conor Murphy, DoF

Minister Naomi Long, DoJ

In attendance

Sholto Carnew, DoH

Item 1: Welcome and introduction

1.1 Minister Swann welcomed members to the first meeting of the Group. He outlined that mental health and suicide prevention will be priority areas for the Executive going forward through implementation of Protect Life 2 and the future publication of the new Mental Health Strategy and Mental Health Action Plan.

1.2 It was noted that many recent media reports suggested an increase in suicide, however rates in Northern Ireland have remained relatively stable over the last decade but at a level that is unacceptably high. The group noted that the media profile of the issue can portray a sense of increased deaths particularly where these are high profile and widely covered.

1.3 The Group noted that suicide prevention is not a single issue and links with drugs and alcohol and deprivation are widely acknowledged through experience, research and best practice.

1.4 Minister Swann outlined that Protect Life 2 focuses on suicide prevention as a societal issue and seeks to ensure collaborative cross-departmental engagement to address risk factors for suicide and self-harm, as well as engagement across wider society. The PHA invest £8.7m each year on a range of services including Lifeline 24/7 helpline; self-harm support; training; counselling support; resilience building; awareness raising campaigns and

bereavement support.

1.5 A wide range of emotional health and wellbeing programmes are also included within Protect Life 2, including initiatives through art, culture, libraries and sport; workplaces; schools; colleges and universities.

1.6 Minister Weir outlined the work DE, DoH and PHA are taking forward in relation to development of Emotional Health and Wellbeing Framework for Children and Young People and the need to build resilience within the curriculum. Minister Weir also highlighted the importance of measures targeted at young people and addressing contagion concern.

1.7 Minister Kearney sought an update on suicide prevention work undertaken in rural areas. Dr McBride highlighted the importance of work across Departments in addressing this issue including Farm Families health Checks, addressing access to means and proactive work that local Councils have undertaken.

1.8 The First Minister highlighted the importance of linkages with faith communities as they are often in a position of being a first responder to someone experiencing crisis.

1.9 Minister Swann highlighted the important role of all Departments in reaching the 70% of people not known to mental health services in the last 12 months who die by suicide. Minister O'Neill underlined this important aspect of a crossgovernment approach to mental health.

1.10 Dr McBride highlighted that he had met with reporters to emphasise the importance of sensitive and measured reporting. This was a particular issue which bereaved families had raised with DoH.

1.11 Minister Hargey highlighted the need for a wide range of sectors to be involved in suicide prevention work including trade unions, womens groups and churches. She also emphasised the importance of public information campaigns to raise awareness within communities.

Item 2: Terms of Reference and membership

2.1 Minister Swann outlined the Terms of Reference for the group. The First Minister requested an amendment to use the term 'hard to reach' groups rather than 'vulnerable' groups. The membership was discussed and it was agreed to maintain as a strategic group and invite presentations from stakeholders as required. The Terms of Reference were agreed.

2.2 There are existing reporting structures and groups and networks that allow stakeholders to present their views such as through Protect Life 2 and the Making Life Better public health strategy working groups and similar structures which will be established on the mental health side.

Item 3: Mental Health Action Plan

3.1 Minister Swann outlined that as part of New Decade New Approach the Executive undertook to publish a Mental Health Action Plan within two months. He advised officials have been working on the plan for the last 18 months. The plan has been co-produced with much involvement of all interested stakeholders. It includes actions in three broad themes; immediate service improvements, reviews for further work and preparation for a mental health strategy. Minister Swann advised he was committed to publish the action plan in line with the New Decade New Approach agreement.

3.2 Minister Swann also advised he was fully committed to publishing a mental health strategy by the end of the year. The strategy will be inter-departmental in nature and cross sectoral in delivery. It will focus on the needs of people and cover all aspects of a person's mental health. Work is currently ongoing to co-produce the strategy and it is intended to have a co-produced draft for publication in the middle of the year.

3.3 The Mental Health Strategy will provide future structure for the resilience and wellbeing part of this Executive Working group. Minister Swann noted that implementation of the Mental Health Action Plan, and the Mental Health Strategy, will require additional funding.

Item 4: Departmental reporting against progress of Protect Life 2 Actions and any other current mental wellbeing or resilience programmes

4.1 Minister Swann noted the paper that had been prepared for the meeting outlining current progress and invited Bryan Dooley to provide an update. Bryan Dooley advised that the full implementation of several actions will be dependent upon additional funding and budget decisions. There is a recurrent requirement rising to £4m over the lifetime of this Strategy for the Health actions. Closer links with other departments have now been established where suicide prevention is now a higher priority and increasingly part of normal planning.

4.2 The PHA recently consulted on a Training Framework for Mental Health and Suicide Prevention which is now closed and a report should be available at the end of March. The PHA are in the process of developing a suitable procurement process for engaging with stakeholders to determine how the PL2 strategy actions can be delivered and agree specific commissioning priorities that PHA will support with the funding available. Under the Protect Life 2 Strategy four task and finish groups will be established to consider: Training; Protect Life 2 Outcome Indicators; Research and Evidence; and Crisis intervention provision. It was noted there would be a more complete update on local actions in future updates as the mechanism for local PLIGs to contribute is developed

4.3 The First Minister advised that TEO will wish to contribute to the Strategy through existing Urban Villages work. It will also be important for DfE to contribute to Strategy actions through the Health and Safety Executive.

4.4 Minister Hargey advised that DfC will wish to contribute through training and that it will be vital to ensure resources are being used as effectively as possible.

4.5 Minister Weir highlighted there had been recent requests for counselling provision in primary schools in addition to existing secondary school provision. He also stressed the importance of training and support for teachers in dealing with emotional health and wellbeing issues. He also advocated for local sporting figures to assist with wellbeing messaging in dealing with younger age groups. Ronnie Armour highlighted an example of best practice where local boxers had undertaken such a role at Hydebank Young Offenders Centre.

4.6 Minister Mallon highlighted the importance of dealing with wellbeing and suicide as much wider than a health issue. She also underlined the importance of prevention and early intervention. Minister Mallon highlighted that there was training in relation to Translink that could be reflected in progress updated and ongoing active travel work.

4.7 Deputy First Minister O'Neill advised it would be helpful if key facts on suicide prevention and lines to take could be circulated to Group members.

Action: DoH secretariat to circulate key facts and lines to take on suicide

prevention.

Item 5: Our Future Foyle – Foyle Aware

5.1 It was agreed to defer this item to the subsequent meeting.

Item 6: Multi Agency Triage Team Update

6.1 It was agreed to defer this item to the subsequent meeting.

Item 7: Towards Zero Suicide Training

7.1 Ministers advised they were committed to undertaking the training and some Ministers had already accessed it.

Item 8: Draft Press Release

8.1 It was agreed to issue a press release after the meeting noting the updates received.

Item 9: Any other business

9.1 No other business was raised.

Item 10: Date of next meeting

10.1 It was agreed that the next meeting of the Group would be held in late May/early June if a date cannot be found sooner. Deputy First Minister recommended consideration be given to an event that could be jointly supported by Executive Ministers.

Action: DoH Secretariat to consider future event for Executive support.

Annex A

MINUTES OF EXECUTIVE WORKING GROUP ON MENTAL WELLBEING,
RESILIENCE AND SUICIDE PREVENTION MEETING, HELD VIRTUALLY
ON 29 JULY 2020

Attendees:

Minister Robin Swann DoH - Chair

First Minister Arlene Foster TEO

Minister Peter Weir, DE

Minister Edwin Poots, DAERA

Minister Nichola Mallon, DfI

Minister Conor Murphy, DoF

Minister Naomi Long, DoJ

Minister Carál Ní Chuilín, DfC

Junior Minister Gordon Lyons, TEO
Junior Minister Declan Kearney, TEO
DFM Private Secretary
Dr Michael McBride, DoH, Chief Medical Officer
Bryan Dooley, DoH
Tomas Adell, DoH
Claire Johnson
Philip Weir
Marc Ovens
SpaD DfC
Angela Kane, DE
Linsey Farrell TEO
Karen Wilson TEO
Fiona Teague, PHA
Siobhan O'Neill Interim MH Champion
John Jo McGrady Belfast Youth Forum
Niamh Mallaghan Northern Ireland Youth Forum
Apologies:
Minister Diane Dodds, DfE

Item 1: Welcome and introduction

1.1 Minister Swann welcomed members to the second meeting of the Group. He noted that since the last meeting bids for funding for suicide prevention under the transformation programme had been successful. £649k has been awarded

to the continuation of the Towards Zero Suicide and £190k has been allocated for the continuation of the Multi Agency Triage Team.

1.2 Also he noted he had allocated £32k to extend the Derry Crisis Intervention Service for a further 3 months until the end of September and provided breathing space for the Council to try and secure a longer term funding solution.

1.3 Health have also bid for funding for further implementation of the Protect Life 2 Strategy under the June monitoring process and are considering this currently. If allocated this would enable further anti-stigma work; safe messaging and implementation of local plans

Item 2: Minutes of Previous Meeting 4 March 2020

2.1 The minutes of the previous meeting were agreed and it was noted the following actions had occurred as agreed

- i) the term “hard to reach” had replaced “vulnerable people” in the Terms of Reference
- ii) Key Facts and Lines to Take on suicide prevention had been circulated to group members
- iii) all group members to complete the Suicide Let’s Talk Online Training

2.2 Minister Swann had suggested members give consideration to all Ministers completing the half day SafeTALK training when possible in the future, at a venue to be confirmed.

2.3 Minister Long requested training be made available to MLAs and their staff.

2.4 Michael McBride advised of the intention for the rollout of the training across the Northern Ireland Civil Service.

2.5 Minister Swann welcomed Prof Siobhan O’Neill to the meeting as the new interim mental health champion.

Action: DoH and TEO to co-ordinate the safe TALK training in near future for Ministers

Action: DoH to circulate link for suicide prevention training to MLAs, and their staff including constituency staff

Item 3 – Update on Flourish Churches Suicide Prevention Initiative

3.1 Fiona Teague, PHA, gave an update on the Flourish project and advised that learning from Flourish had been shared with colleagues in UK and Spain.

3.2 Fiona Teague also gave a brief update on other hard to reach groups such as young men, LGBT, BAME groups, and families bereaved by suicide. Fiona Teague also referenced the online Psychological First Aid training and encouraged attendees to use it. Minister Swann requested a written update on PHA work with hard to reach groups.

Action: Fiona to circulate written update on PHA work with hard to reach Groups

Item 4: COVID-19 Mental Health Update

4.1 Tomas Adell Head of Mental Health & Capacity Unit Department of Health gave an update on the Covid-19 Mental Health Response Plan.

4.2 Tomas highlighted the cross departmental collaboration with DfC in the Covid Mental Health group.

4.3 Minister Ní Chuilín asked for an update on the Multi Agency Triage Teams (MATT). CMO responded that after one month's gap due to COVID-19

lockdown, the service resumed on Friday 1 May in a MATT LITE form on Friday 1 May but that the full service had since resumed on 12th June.

4.4 Minister Ní Chuilín advised that this information was really important. She detailed her concerns about the adverse impact on mental health from COVID-19, in communities and families. With easement there appears to be a growing crisis compounded by the pre-existing crisis in mental health. She mentioned that people delivering food parcels had been providing emotional support to recipients, and of highlighted the issue of caring for the carers.

4.5 Michael McBride advised that the importance of self-care has a prominent place in the Protect Life 2 Strategy and of the dangers of burnout in the frontline. He advised of the importance of the Training Framework and the need to look after frontline staff.

4.6 Fiona Teague highlighted that the training framework had been extensively consulted on (12 weeks full public consultation) and would share training details with the Working Group.

4.7 Minister Long reflected on MATT being a really good example of cross departmental working as it reduced time spent in A&E by those in emotional crisis and also was a more efficient use of PSNI resources. She noted that an evaluation of the service was due to be completed and advised Executive Colleagues that funding for the service runs out at the end of March, and of the excellent feedback on the service from the PSNI staff involved.

4.8 Minister Swann stated that early indications were good in relation to the evaluation and that once it is complete it will be shared. He also stated that

funding discussions would take place between himself, Minister Long and Minister Murphy.

Action: Fiona Teague to circulate details on current training available

Action: MATT evaluation to be shared with group on completion

Action: Conversation between Ministers Swann, Long and Murphy regarding future funding of MATT

Item 5: Elephant in the Room Presentation/Update

5.1 Minister Swann welcomed members of the Belfast/Northern Ireland Youth Forum to the meeting and asked them to update the group on the Elephant in the Room report and campaign. John Jo McGrady of Belfast Youth Forum and Niamh Mallaghan of the NI Youth Forum gave a short presentation.

5.2 John Jo and Naimh advised that the report and campaign had been done by young people for young people. They cited the themes of:

- Stigma, and the negative thoughts associated with mental health.
- Young people not understanding mental health issues and then trying to look up information on the internet and getting the wrong information
- A lack of classes or support on Mental Health in School
- They reflected that they had found out that Mental Health education was not compulsory in schools following their meeting with the Council for the Curriculum, Examinations & Assessment (CCEA)

5.3 Minister Swann asked the young people about inter-generational discussions addressing mental health stigma, and whether it was more difficult because of the older age of teachers and parents.

5.4 The young people responded that it is harder having these discussions with the older generation as they see mental health as a negative issue and something that will reflect poorly on the individuals concerned.

5.5 Minister Swann highlighted that young people can change the generation above them and referenced their impact in the climate change debate.

5.6 Minister Mallon raised the issue of how the life of young people who have died by suicide is celebrated, and advised of her worries that it can be counterproductive. She also raised concerns for the Executive in relation to

Social Media posts and companies being slow in their response to take action in this area.

5.7 Minister Swann advised that the Group would take the issue of Social Media offline and referred to the joint work of UK CMO's in this regard.

5.8 Minister Ní Chuilín referenced the media guidance on suicide and in particular the use of the term committing suicide, and also expressed her sorrow for the loss of the young person's friend. She also expressed her concerns over the way suicide deaths were celebrated afterwards in North Belfast. She asked the young people what support is needed.

5.9 They responded that proactivity was needed before a suicide. They advised targeting schools and early intervention to build people's mental health and resilience. It was also suggested that help should not only be available in schools, as some young people prefer to approach youth workers for help.

5.10 Minister Ní Chuilín commented that engagement such as this with the NI Youth Forum/ Elephant in the Room Campaign is what Co-Design and CoProduction is all about in the New Decade New Approach. She advised that she would ask her Private Office to set up a meeting with the group.

5.11 Minister Swann asked Fiona Teague if FLARE could be involved in this meeting.

5.12 Junior Minister Kearney offered his comments of the campaign and report and was taken by the statistic that 91% of the young people surveyed responded that mental health is a huge issue for young people in Northern Ireland. He is supportive of the recommendations and reflected that it is good to see young people being involved. He believes that the issues in schools points to the direction of awareness and training for older people.

5.14 Siobhan O'Neill acknowledged the amazing work of the young people on the campaign and report, and of the need of more young people like them to get involved. She advised that her researchers had been in contact with them and that she will also arrange a meeting with them. She provided a link to Chat Safe Guidelines and also signposted the Lifeline crisis response helpline. She advised members of her work on Samaritans updated Media Guidance and provided the link to members.

5.16 Minister Swann thanked the young people for their time, continued work and agreed to support implementation of the recommendations where possible.

Action: Social Media Companies response – to be taken offline

Action: DfC to set up meeting with NIYF, and Flare re opportunities to support young people

Action: Siobhan O'Neill to organise meeting with NIYF.

Item 6: Mental Health Champion Update

6.1 Siobhan O'Neill explained that she is starting to shape her role and is planning meetings with all Departments, such as those she has had with Department of Justice and Department of Education, in order that she can progress actions quickly.

6.2 Siobhan advised members of work she was currently involved with including:

- Relink the Westlink and Our Future Foyle projects.
- A meeting with DOJ to establish which areas she can contribute to and hear about ongoing programmes.
- With Department of Education on Mental and Emotional Wellbeing in Schools.
- With PSNI on Sudden Death Notices (SD1's) and on a training video.
- Siobhan stated that suicide prevention was important to her and she will want to continue her work on that also.

6.3 Siobhan sees her role as the link between the people on the ground and the Executive. Elephant in the Room have highlighted issues for young people and this needs to be progressed for other groups. She advised of a PHA publicity campaign that she is involved in, and that she wants to be involved in the Inspire Anti Stigma Campaign.

6.4 Siobhan spoke about the wealth of services that people don't know about and that we need to communicate, and also the need to get good news out there.

6.5 Siobhan wants to work collaboratively with Departments and organisations and has stepped aside from Boards she was involved in. She will be working 4 days a week in her position as Interim Mental Health Champion and 1 day in her role in Ulster University. She is currently involved in the "Our Generation" programme of interventions and resilience training and COVID related mental

health research. She advised that she could be contacted by email at the University of Ulster.

6.6 Minister Swann thanked Siobhan and asked Members if there were any questions and there were none raised.

6.7 Siobhan advised Minister Swann that she would prepare a list of deliverables for the Working Group for consideration.

Action: Siobhan O'Neill to arrange meetings with all Executive Ministers

Action: Siobhan O'Neill to prepare a list of deliverables in her new role.

Item 7: Departmental Reporting against Progress of "Protect Life 2" Actions and other current mental wellbeing or resilience programmes

7.1 Minister Swann told the group that he would not be going through each of the Departmental updates and asked the group if there were any questions, and there were none. He thanked each of the Ministers for their input.

7.2 The draft Press Release which was included in papers for today's meeting was discussed, and it was agreed to issue after the meeting.

Action: Press Release to be issued following meeting

Item 8: Any other business

8.1 No other business was raised.

Item 9: Date of next meeting

9.1 It was agreed that the next meeting of the Group would be held in late September.

9.2 Minister Swann asked the group to allow Siobhan to become a permanent member of the group and this was agreed.

9.4 Michael McBride invited Siobhan to the next Protect Life 2 Steering Group Meeting on 26 August and she advised that whilst she already had another pre-arranged meeting, she would join the Steering Group meeting if the timings allowed.

Action: All guidance and links to be sent to Private Offices

Executive Group on Mental Well-being, Resilience and Suicide Prevention Meeting - Highlight Report 29/07/20

12 weeks is made from a programme trained nurse to assess health and encourage solutions. The programme has been suspended

during the pandemic and options are being considered as to how to safely recommence screening in Autumn. In May 2020 staff

contacted 257 people who had attended Farm Families health check in 2019/20 and provided support around their

physical and mental health and advised to contact GP where appropriate. An Information pack on supports to aid people with their

isolation was offered and all received public health information on Covid-19.

□ SPRING Social Prescribing is delivered with the support of the DoH, HSCB and in partnership with the rural Healthy Living

Centres. It aims to link medical care to non-clinical locally delivered support services by enabling medical professionals to refer rural

patients to a range of activities and services to support greater independence, reduce reliance on primary healthcare, tackle

poverty/isolation and deliver better outcomes for rural people and society.

Since the pandemic commenced the project in its intended format was suspended and a new 'Connect Well Service' was quickly

established. Over the past four months over 6,000 contacts has been made, supporting vulnerable people in practical ways as well

as helping them to address isolation, loneliness and emotional health issues. This service will continue in tandem with reverting back

to the project aim of addressing the needs of clients referred to Social Prescribers by GP's.

□ Other TRPSI funded initiatives such as the enhancement of Forest Parks and Community Trails, the utilisations of school facilities for

community use, the regeneration of disused historic buildings in rural villages, an Access and Inclusion grant aid scheme to enhance

disabled access and usage of public buildings, the continued funding for the Rural Support Networks and a small grants scheme to

assist the rural community and voluntary sector to continue to provide services for rural dwellers will all play a significant role in 20/21

in addressing issues that can lead to poor physical and mental health.

□ DAERA is currently developing a new Rural Policy Framework which includes a theme 'to reduce loneliness and social exclusion in rural

areas, to minimise the impacts of rural isolation and to promote the health and well-being of rural dwellers'. It is intended that this will

shortly be issued for public consultation and will provide the basis for DAERA to work with other departments, public bodies and the

community and voluntary sector in seeking to address these issues.

Department for Communities

□ DfC have attached Work Psychologists to each of their Jobs and Benefits Offices to develop the capability and confidence of or their

work Coaches to support our people with mental ill-health and other health related support needs; and support those people to progress

towards, move into and stay in work.

□ They provide support such as mindfulness training, stress management and mood matters training in partnership with Action Mental health,

Aware and Inspire, through their employability programmes.

□ The Department also works in collaboration with the DoH to deliver the Condition Management Programme, (CMP). CMP is a voluntary

programme facilitated by healthcare professionals including Occupational Therapists and Mental Health Nurses using evidence based

principles of practice. The aim of the programme is to help participants manage their health condition to enable them to progress towards,

move into and stay in work.

Executive Group on Mental Well-being, Resilience and Suicide Prevention Meeting - Highlight Report 29/07/20

□ DfC worked with Inspire to develop the CovidWellbeingNI Partnership with a wide range of health and wellbeing organisations. The

Community Wellbeing programme was developed in consultation with PHA and the DOH and is complementary to statutory services and

in line with core public health messages being put forward by the Executive. A key element of the programme is a public campaign (Your

Mind Matters) covering both general population messages and also specific messages and resources for vulnerable groups – identified as

carers, people living with addiction, older people and those shielding, people living with mental ill health and people dealing with grief and

loss. The public campaign is supported by a central digital hub hosted on www.mindingyourhead.info which offers more in depth

information and links to support, including the supports available through community organisations. This digital hub was launched in June

2020.

□ DfC has been working through Sport NI and in partnership with PHA, to assist in bringing a positive mental health culture to National

Governing Bodies of sport (NGBs) and their clubs, to assist in raising the awareness of mental health and to implement a programme to help

in signposting sports club members to the support services available.

□ The Department has overseen the establishment of the NI Wellbeing in Sport Forum which involves representation from Sport NI, PHA,

Departments, statutory and voluntary bodies, further education and NGBs including the NI Sports Forum. This forum has the responsibility of

implementing the outcomes of the action plan and has established 6 sub working groups around training, coaching, communication,

research, insights and developing the role of a Mental Health and Wellbeing (MHWB) officer in sports clubs

□ DfC Sports Branch continues to sit on the multi-agency Mental Health and Wellbeing Forum to monitor progress in delivery of the Action

Plan.

□ Key actions include:

□ Launch of a Sport Wellbeing Hub (May 2020), that provides information, guidance and resources to those who are involved in sport,

at all levels and all abilities;

□ Recruitment of a Mental Health and Wellbeing officer (January 2019) to assist the development and implementation of a programme to

raise Mental Health and awareness to those persons involved in sport;

□ Completion of a pilot programme (April to December 2019) through which a combined total of 92 mental health awareness and

addiction awareness education workshops were delivered to 2394 persons in sports clubs throughout NI. These have focused on

individuals within the 11 to 18+ age range, and have been delivered to a variety of sports including Boxing, Judo, GAA, Rugby, Soccer,

Athletics, Para-Sports and Swimming.

□ DfC's Infrastructure Planning and Delivery Support Unit operates two capital grant funding programmes that will help to address issues

around mental wellbeing, resilience and suicide prevention.

□ The Small Capital Grants Programme promotes partnership and collaborative working across the voluntary and community sector

providing grants of up to £5,000 for the purchase of items of capital and minor capital works to improve premises and the range and

quality of services on offer to the local community.

□ The Access & Inclusion programme provides grants of up to £30k to local councils to improve access and the experience at arts,

cultural and active recreation venues for people with a disability.

□ The ARTiculate programme which was launched in the autumn of 2016 and ran until September 2019. Delivered by the Arts Council of

Northern Ireland with funding from the PHA and the National Lottery, it was informed by the Protect Life Suicide Strategy and was designed

Executive Group on Mental Well-being, Resilience and Suicide Prevention Meeting - Highlight Report 29/07/20

to utilise the arts as a tool to improve the mental health and wellbeing of young people. Aims included raising awareness of mental and

emotional wellbeing issues facing young people, and addressing stigma, prejudice and discrimination associated with mental health.

□ Northern Ireland Screen's Digital Film Archive outreach programme delivers free themed presentations based on the content of the archive

to audiences across NI including community groups, charities and care homes. There is a focus on delivering activity to the most vulnerable

members of our society, particularly working with older persons' groups and developing dementia-friendly sessions. Activity was also

delivered to a range of health/charity sector groups with further targeting of social exclusion. Public engagement projects include a project for

Northern Ireland Mental Health Week, engaging musicians and filmmakers in exploring and responding to archive.

□ Libraries NI promotes positive mental wellbeing by:

o combatting the negative health impacts of isolation by providing community space open to everyone where they can spend time free

of charge and providing social activities such as Knit and Natter, Tea and Newspapers, reading groups, games clubs;

o promoting health literacy by providing access to current, accurate and accessible health information in different formats including

books, leaflets, journals and online resources, partnerships, events and signposting;

o providing access to books and reading, an activity which evidence shows assists significantly with mental wellbeing;

o providing stigma free, neutral community spaces that can be used by health professionals and health organisations for health

promoting activities.

Department of Education

□ Work on the Emotional Health and Wellbeing in Education Framework is progressing and on track to be finalised by December 2020 at

the latest.

□ £5m has now been allocated from the DE budget for 2020/21 to support its implementation, which will be baselined for future years. This

will enable recruitment of the staff required to support the proposed intervention programmes across education and health. (£55k of this

has been earmarked to support the appointment of the interim Mental Health Champion for NI).

□ In light of this investment, a draft implementation plan is now contained within the Framework which includes a number of proposals,

based on a multi- disciplinary, holistic approach to support children and young people, their schools and their families.

□ Engagement between EA/PHA/HSCB is ongoing to clarify the interlinkages and connectedness to ensure efficient and effective delivery.

□ The Framework will be aligned with the new HSCB/PHA 'Children & Young Peoples' Emotional Health & Wellbeing Services Framework'.

Both of these frameworks present the opportunity for joining services together in a way that improves access and delivers a more positive

experience of services for the benefit of children & young people and their families and as such are complementary.

□ The EA Youth FLARE service is still being delivered remotely – as of end June there were 110 active cases of young people receiving support from FLARE workers.

□ The "Stay Connected" service continues to be available for young people across NI which can connect them into the overall EA Youth service support online.

□ The EA also continues to provide support to schools in the aftermath of a Critical Incident.

□ A Critical Incident is defined as any sudden and unexpected incident or sequence of events which causes trauma within a school

community and which overwhelms the normal coping mechanisms of that school.

Executive Group on Mental Well-being, Resilience and Suicide Prevention Meeting - Highlight Report 29/07/20

□ During the period from 1 January 2020 to June 2020 the EA provided Critical Incident support in respect of 9 sudden deaths of pupils. 7

deaths were in relation to 'suspected suicides' and 2 deaths were 'unknown'.

□ The DE funded Independent Counselling Service for Schools (ICSS) is available for every post primary age pupil attending post primary

and special schools. This has continued to be available for children and young people during the COVID-19 crisis period, through

telephone or virtual contact.

□ All publicly funded schools in NI are required to deliver the statutory curriculum which is designed to give schools as much flexibility as

possible in what they choose to teach and to use approaches that best suit their pupils.

□ The legal minimum content to be taught by schools is set out as high-level areas of learning. Mental health awareness, including the

management of feelings and emotions, must be covered under the Personal Development and Mutual Understanding (PDMU) area of

learning at primary level and the Learning for Life and Work (LLW) at post-primary level.

□ DE acknowledges the positive impact that physical exercise can have on young people's wellbeing, recognising the importance of quality

Physical Education (PE) in the curriculum, and recommends a minimum of two hours PE per week for all pupils. Quality PE makes a

significant contribution to the education, skill development, mental health, resilience and wellbeing of children and young people.

□ The curriculum gives teachers across all Key Stages the flexibility to adapt their approach to teaching PE to suit the needs of their pupils.

□ The Regional Youth Development Plan (2020-23) includes actions to deliver Positive Mental Health Initiatives as well as health and

fitness programmes. The youth service are planning an event in February 2021 on Resilience and Mental Health to share best practice.

Positive mental health will also be a feature embedded into all EA funded youth work.

□ The Department of Education Restart Programme is being implemented to provide support to educational settings and youth settings

from the beginning of the new academic year as a result of Covid-19, so that a new normal before business as usual can be resumed.

□ As part of the Education Restart Programme DE/EA are considering how best they can ensure that all children and young people are

supported when they do return to school, being mindful that many will be facing higher levels of anxiety and distress and will need help

with the transition back to school, and help to cope with the impact of the prolonged absence.

Department for Infrastructure

□ The Relink the Westlink project is currently being co-ordinated by PHA and involves DfI as a key stakeholder. An initial insight report was

issued to stakeholders by Urban Scale Interventions (USI) in early May 2020. DfI is working with USI and stakeholders to reinforce the

importance of working collaboratively with other projects such as the Belfast Connectivity Study and the work of their Departmental

Walking and Cycling Champion. The USI team is now undertaking an engagement process with stakeholders and communities to

develop co-designed and phased proposals for suggested implementation. A framework and report, which will consider a crossdepartmental approach and required next steps, is due to issue in early September subject to departmental review.

□ Walking has clear benefits for physical and mental health, as well as for the environment. A public information campaign was recently

commissioned to encourage people to walk. The campaign illustrates scenes that represent significant moments in our lives, both

personally and globally, when people take an important journey on foot. The strapline underpins the essence of the message: "Great

Things Happen When You Walk". The campaign uses TV, social media, digital, outdoor and radio to encourage people to walk and leave

the car behind.

Executive Group on Mental Well-being, Resilience and Suicide Prevention Meeting - Highlight Report 29/07/20

□ On 10 June 2020 Minister Mallon announced £20 million of funding for blue/green infrastructure to support the transformation of our

communities by shaping places for people to live more healthily in what will become the new normal. This significant investment will help

improve mental wellbeing by promoting active travel, improving air quality, and strengthening social cohesion and connectivity.

□ Departmental Officials are continuing to liaise with other statutory bodies and Urban Scale Interventions, the consultants engaged to

consider proposals in relation to suicide prevention. Discussions have taken place with roads colleagues in England, Scotland and the

Republic of Ireland on the issue of suicide in order to gain an understanding of the challenges they have faced and the approaches they

have taken.

□ The Samaritans have trained 66 Translink railway staff on suicide prevention, recognising vulnerable people and encouraging station

staff to make that first intervention upon identifying vulnerable individuals. This training has proved successful in avoiding a number of

self-harm incidents through Translink staff intervention. Suicide at frequently used locations are tracked and, following consultation with

the Samaritans, permanent signage will shortly be erected across selected stations and halts encouraging vulnerable people to get

support by phoning the Samaritans number.

□ Translink can offer support for those affected by a traumatic incident from the Employee Support Officer and Inspire

Workplaces. Further help is available on the wellbeing section on their Spirit App and uLink, and through their workplace

Mental Health First Aiders located throughout the business.

Department of Justice

□ The Northern Ireland Prison Service (NIPS) has worked collaboratively with the South Eastern Health and Social Care Trust (SEHSCT)

to address self harm and suicide prevention. Under the existing NIPS Suicide and Self Harm Prevention Policy, NIPS and SEHSCT

jointly put in place a Suicide and Self-Harm Risk Management Strategy in August 2017. Significant work took place in 2018 to map

delivery against the strategy.

□ NIPS led a review of its Supporting People at Risk procedures in conjunction with SEHSCT. The new approach, co-designed by staff

from across the Prison Service and the South Eastern Health and Social Care Trust, has introduced a simplified approach which is

person-centred and focussed on care planning to support the individual. It aims to support individual needs for people in crisis or distress,

addressing the root cause of the crisis or distress while supporting them through that period in a way that is right for them.

□ The approach introduces a new concern form and formal risk assessment with three possible outcomes - no apparent risk, no apparent

risk with referral or other action or at risk. This produces greater flexibility in responding to the need with the right level of support.

□ The approach has been rolled out service wide and, a comparison between 2018 and 2019, indicates a 19% reduction in instances of

self-harm across the service has been achieved. This is in the context of higher prisoner numbers across all establishments. Particular

success has been achieved at Hydebank Wood. A comparison of data for Hydebank Wood (January 2017 – December 2017 against the

same period in 2019) following the introduction of SPAR Evolution, has shown a reduction in self-harm by female prisoners by 29% and

by young male prisoners by 67%. We have also seen the use of observation cells reduce for females by 28% and by 61% for young

males in our care.

□ NIPS is currently exploring options to implement a pilot of 'signs of life' monitoring as a proof of concept. Planning is at an early stage, but

it is anticipated that the pilot will commence before the end of this financial year.

Executive Group on Mental Well-being, Resilience and Suicide Prevention Meeting - Highlight Report 29/07/20

□ The Towards Zero Suicide concept within prisons is being taken forward on a joint basis between NIPS and SEHSCT. Head of Prisoner

Wellbeing, is leading for NIPS in this area and is a member of the collaborative board, as well as the joint chair of the implementation

group within prisons. Whilst many aspects of the Towards Zero Suicide concept are already in place within NIPS, they are also working

with health colleagues to develop, trial and implement additional aspects of the concept. They believe that this is the first time

implementation of the concept has been attempted in a prison setting.

□ However, it should be noted that activity has been paused in response to COVID-19 and will be re-energised once safe to do so.

□ PSNI are represented in the Foyle Bubbles task and finish group and are also engaged in the "Relink" Project around the Westlink and

M2 Corridor into Belfast.

□ PSNI continue to work in partnership with colleagues from the PHA, SEHSCT, BHSCT and NIAS in resourcing the functionality of the

Multi Agency Triage Team (MATT). This team is made up of two police officers, two community mental health practitioners and a

paramedic working together to respond to people at the earliest opportunity who contact emergency services via the 999 or 101

systems and present in a mental health, social or emotional crisis. Response can be via telephone triage directly to the individual, or by

way of telephone advice to officers and staff en-route to or with the individual, or indeed by personal face-to-face assessment as

deemed necessary by the team themselves. Working relationships have been developed and enhanced between all organisations and

enhanced working practices at designated hospital emergency departments have been progressed. This early intervention has seen a

significant reduction in the need for individuals to attend hospital emergency departments for mental health assessment when the team

have had an opportunity to exercise early intervention. The input of the team remains welcomed by all facets of operational staff across

the two trust areas, NIAS and PSNI. Hours of operation remain 1900 – 0700 on a Friday and Saturday night with the PSNI CMC in

Castlereagh being the base location for the team.

□ PSNI facilitated PHA colleagues in the evaluation process of the Sudden Death Notification(SD1) process. This involved arranging a

number of interviews and discussion groups with operational officers, who would routinely be required to complete the SD1 forms

following attendance at a suspected or confirmed suicide. As a result, an updated SD1 form was developed in consultation with PSNI,

PHA, and the Coroner's Office. This saw more focus on capturing consent to support services from those bereaved by suicide. In

January 2020 PSNI took stock of over three thousand separate folders, information cards, information pamphlets and folders and along

with colleagues from the PHA, student police officers and members across the C&V sector came together at Belfast City Council offices

in Belfast and compiled a useful information pack to be left with anyone bereaved by suicide. This helpful pack entitled "Support following

an unexpected death" contained a detailed information booklet entitled "Help is at Hand". Produced by the PHA this provided, for the first

time, a standardised pack for PSNI officers to leave with individuals bereaved by suicide. These packs were then distributed to all PSNI

districts for use by all officers attending reports of suspected suicide.

□ To complement this process, PSNI Operational Lead for Mental Health also engaged with PHA and "Families with Voices"

(Bereavement Support Group) to produce a short instructional video on the importance and necessity of the SD1 form. This video has

been uploaded on to the internal PSNI intranet for viewing by all officers and staff and will be incorporated in the new Student Officer

training programme within the Sudden Death lesson plan. It is anticipated that it will be further rolled out to PSNI district training in due

course.

Executive Group on Mental Well-being, Resilience and Suicide Prevention Meeting - Highlight Report 29/07/20

The Executive Office

□ SIB, supported by the Urban Villages Initiative, provided an 'Outline Business Case for the Sound of Craigavon Bridge' this is part of

the wider Foyle Experience Project being taken forward by the Our Future Foyle Group.

□ A new cross-border PEACE IV project on Emotional Resilience will benefit each of the five Urban Village areas in Belfast and Derry /

Londonderry. This three year cross-border project aims to help over 36,000 children, young people and adults develop and promote

emotional resilience. In January 2020 the 'Our Generation' project, a partnership of seven cross-border organisations, was awarded

€6.1M (£5.1M) of EU PEACE IV funding to support communities in addressing post-conflict resilience and peace building. Match-funding

for the project has been provided by TEO and the Department of Rural and Community Development in the Republic of Ireland. The

project will build on the good relations focus of the Urban Village Initiative.

□ The partnership, led by Action Mental Health, includes Co-Operation Ireland, Youth Action NI, Playboard NI, Youthwork Ireland, Donegal

Youth Service, and Ulster University. Professor Siobhan O'Neill, the newly appointed Interim Mental Health Champion is involved in the

project.

□ Programmes will include accessible, age appropriate prevention, early intervention and recovery activities delivered on a cross-border

and cross-community basis to support the mental and emotional wellbeing of children and young people within local communities. The

project is currently engaging local communities to design approaches complementing existing community-based activities and

encourage more joined-up ways to reach those most in need.

□ TEO will proactively support effective linkages with the Urban Villages Initiative, including local stakeholder networks and other relevant

projects in each Urban Village area. This will include alignment with the Mental Health Strategy developed by the Executive.

□ In addition to the 'Our Generation' project there are a number of smaller ongoing community-led projects within the Urban Village areas

which are aimed at developing self-esteem, mental and physical wellbeing.

Further information on progress on the Actions within Protect Life 2 (including Health actions) can be found here as a quarterly update

<https://www.health-ni.gov.uk/sites/default/files/publications/health/actionplanataglance-may2020.pdf>

Annex A

MINUTES OF EXECUTIVE WORKING GROUP ON MENTAL WELLBEING,
RESILIENCE AND SUICIDE PREVENTION MEETING, HELD VIRTUALLY
ON 8 OCTOBER 2020

Attendees:

Minister Robin Swann DoH - Chair

First Minister Arlene Foster TEO

Deputy First Minister Michelle O'Neill

Minister Edwin Poots, DAERA

Minister Nichola Mallon, DfI
Minister Conor Murphy, DoF
Minister Naomi Long, DoJ
Minister Carál Ní Chuilín, DfC
Junior Minister Gordon Lyons, TEO
Junior Minister Declan Kearney, TEO
Paula Magill TEO
Dr Michael McBride, DoH, Chief Medical Officer
Prof Siobhan O'Neill Interim MH Champion
Sholto Carnew, DoH
Tomas Adell, DoH
Kim Burns DoH
Neil Goodwin, Mental Health Champion's Office
Peter Cash DoH, Mental Health Champion's Office
Claire Johnson
Philip Weir
Marc Ovens
John Loughran
Tanya McCamphill
SpaD DfC
Ricky Irwin DE
Karen Wilson TEO
Grainne McConnell TEO
Apologies:
Minister Diane Dodds, DfE
Peter Weir, DE

Item 1: Welcome and introduction

1.1 Minister Swann welcomed members to the third meeting of the Group and reflected that the work of the group has taken on greater importance due to the multiple effects on mental health, both short and long term from the

COVID response.

1.2 He advised the group that the Department continued to closely monitor the impacts on a range of mental health and suicide prevention indicators and noted recent pressures on acute mental health services and that Trusts have seen an upturn in demand reflecting the effects of lockdown on people's mental health and difficulties in accessing services.

1.3 Minister Swann informed members that one Trust had needed to step down community-based mental health services to allow staff to be moved to inpatient settings. The resulting impact will be delayed assessments in the community, leading to poorer outcomes and a higher chance that patients would require to be admitted.

1.4 He noted from academic research and international evidence that it was clear the pandemic will continue to have a negative effect on mental health and needs will continue to grow. He acknowledged and thanked the Finance Minister for the support he had provided to address the immediate needs.

1.5 Minister Swann stated that the Department continues to monitor closely a range of indicators for early warning of any urgent issues in relation to suicide prevention and to date these indicators have not given cause for concern and calls to Lifeline remain similar to previous years, with no change to the risk rating for callers.

1.6 He advised that the sudden death notification process was not showing any increase to date in 2020.

1.7 The Self Harm Improvement Programme counselling is taking place via telephone and video, and many clients preferred these methods. Referrals decreased by around 40% from April to June, however have been steadily rising since. An increase in referrals for family support was noted.

Consideration is being given to expanding the role of primary care referral to the service.

1.8 It was noted that whilst there is a stable picture on suicide prevention, there is a close correlation between unemployment and suicide and a need to pay close attention to the end of the furlough period and the impact of economic challenges.

Item 2: Minutes of Previous Meeting 29 July 2020

2.1 The minutes of the previous meeting were agreed.

Item 3 – Covid-19 Mental Health Update – Verbal Update

3.1 Tomas Adell, Head of Mental Health & Capacity Unit Department of Health provided an update on the Covid-19 Mental Health Response Plan.

3.2 He advised that there was no doubt that COVID was having an impact and that demand for mental health services had increased and that there was no expectation that this would end soon. Those who were already suffering were now worse, and pressures on inpatient services were extreme. He noted that we are seeing first time psychosis among patient groups where such presentations are almost unheard of and that there is an increase in patients with an eating disorder that require help and support.

3.3 He spoke of worrying indications from other jurisdictions and detailed studies indicating a marked increase in students in Wales for first time psychosis, particularly in 1st years, and also about preliminary evidence published by DHSC and Public Health in England indicating heightened need and presentations. He reflected on the economic impact of the pandemic on mental health, with those who are poorer being affected most. He also detailed that an increase in economic difficulties traditionally leads to poorer mental health and the pandemic was exacerbating this especially in deprived areas, with people who were self-employed or had unstable employment.

3.4 Tomas explained the impact on mental health of the lack of education during lockdown and that this was a particular problem in socially deprived areas lacking access to online education and connection to their peers. He noted that evidence from SARS in Asia showed that mental health was affected long term after quarantine – even 3 years later.

3.5 Problems with increased consumption of alcohol were also impacting negatively on mental health.

3.6 Tomas provided detail on actions to help and support those struggling with mental ill health.

3.7 He advised that mental health services continued to deliver on their Reset and Recovery Plans with no stopping. Some services were provided by video or phone. All acute inpatient and community services continue to offer a 24 hour service, with contingency arrangements in place for any potential future surge,

as per the Regional Service Recovery Plans.

3.8 Capacity in Community and Outpatient Mental Health Services will continue to be built, adhering to social distancing. Trusts are prioritising face to face services for those most in need.

3.9 The Trusts are actively working on learning from the first Covid wave. Digital solutions and virtual platforms tested during the Pandemic are ongoing, eg virtual assessments, virtual reviews, virtual group work, and virtual visiting to Inpatient wards and will continue to do so into the future, where appropriate.

3.10 The HSC Board and Trusts are exploring the potential for investing in new technology solutions that will support core services in the future.

3.11 Tomas assured the group that all steps are being taken to support those who need help.

3.12 Minister Swann reflected that there was much progress in dealing with the impact of COVID on mental health. He acknowledged his appreciation for the work and support of DfC over recent months and reflected that a mutually supportive relationship between community and statutory organisations is critical to ensure timely mobilisation of services and resources to maximise the reach of information and support to those who need it. He stated that the community in partnership with statutory organisations can be a major asset in identifying local vulnerabilities and local capabilities, and will have a collective role in sustaining longer term recovery. He noted that those affected by a collective trauma event might not seek help for months or years and that there was a requirement for information about support to be promoted, sustained and updated and that this had been highlighted in today's press release.

3.13 The First Minister reflected issues in her constituency and expressed her concerns in relation to the availability of drugs and asked if there has been a rise in mental health conditions linked to drugs

3.15 Dr McBride advised that there has not been an increase to date and that work was at an advanced stage on the new Drugs and Alcohol Strategy.

3.16 The First Minister advised that she would raise this issue in another forum. She believed that the problems stemmed from the fact that young people had nowhere to go and mentioned her conversation with the DfC Minister regarding paramilitaries providing drugs and the Paramilitary Task Force.

3.17 Minister Ní Chuilín advised that this has also been seen at local level with psychosis in North and West Belfast. She raised concerns in relation to people 'self-prescribing'. She also explained that when families can't get through to GPs, they attend EDs and this is not the right place for them. She stated that it is a particular issue in working class communities and areas of deprivation. She enquired around dual diagnosis plans.

3.18 Tomas advised that this was a very complex issue and that he was working with addictions colleagues and will bring forward recommendations as part of the Mental Health Strategy.

3.19 Minister Long reflected that she can engage with Police in relation to the exploitation of vulnerable people, and in particular, loan sharking and drug dealing. She noted that she had been approached in her constituency regarding these issues. She spoke about self-medicating and illegal drugs and the problem solving approach used in Justice. She stated that these were issues that required a medical intervention and not a justice intervention. She related the difficulties of resettlement from prison which left people vulnerable as the wrap around care was not there after they were let out of prison. She noted the success of the SPAR programme.

3.20 She noted that many MLAs were seeing that mental health problems were on the increase. She called for the Group to think creatively to address mental health issues. She updated members on recent major drug seizures, but noted that these were only the tip of the iceberg and that there was also a big problem with illegal prescription medication use by those who were not medically supervised. She would like to see work done to avoid people getting in to the Justice system.

3.21 Siobhan O'Neill highlighted that drugs and alcohol deaths do not receive the same profile as suicide deaths, and the majority of these individuals have mental health problems. There is a need for a trauma informed approach to work on underlying issues – a dual diagnosis service

3.22 Minister Mallon spoke of the ACE approach. She said that poverty is trauma, and that there is a need for honest conversations about addiction, particularly alcohol. She stated that a mature conversation, to look at Europe, and whilst controversial, to look at safe injecting rooms was required. She said there was

a need to tackle root causes such as poverty.

3.23 Tomas Adell advised it was known that someone with three or more adverse childhood experiences was more susceptible to long term problems later in life.

3.24 Minister Poots said that the impact of COVID on mental health could be seen and that drinking at home was a particular problem. He spoke about GPs referring patients to the voluntary organisations that Siobhan had referenced earlier and these organisations are not getting paid for the work that they are doing. He said there was a lot of stress in the community about potential job losses.

3.25 Minister Swann responded that the issues with mental health and suicide had been recognised and that the establishment of this group, the Mental Health Action Plan, Siobhan's appointment, will bring a focus to these issues.

Item 4: Mental Health Strategy/Action Plan – Verbal Update

4.1 Minister Swann invited Tomas Adell to give an update on the Covid-19 Mental Health Strategy and Action Plan

4.2 Tomas stated that the plan was published on 19 May and contains 38 actions with an ambitious timetable for completion.

4.3 He advised of a number of actions that have commenced and others starting imminently:

- The recruitment process for both the forensic and CAMHS managed care networks have started and it is expected that they will be up and running before the end of the year.
- An innovation fund for small local initiatives has been created and it is expected that the first spend will take place soon.
- Reviews into the future of eating disorder and personality disorder services have started as has the review into the crisis response.

4.4 He explained that the creation of a perinatal mental health service was one of the key actions in the action plan and that the Department was currently considering the business case for the service and hope to have this completed soon.

4.5 He reported that the Department was on track to deliver the action plan on time, or with short delays and noted that the pandemic may affect the ability to

complete some actions, particularly engagement with people with lived experience.

4.6 He explained that the first set of actions in the Action Plan is the development of a new mental health strategy, and this was a commitment from the NDNA.

The Department is in the process of creating the strategy and it is being coproduced with people from relevant sectors, including the community and voluntary sectors and those with lived experience.

4.7. A strategic advisory panel has been established to provide expert advice to inform the strategy, and an interdepartmental working group has also been created to ensure the Strategy covers all areas. Tomas noted his thanks that all Departments had provided nominations.

4.8. He advised of a large stakeholder event, held by Zoom, with around 90 participants, and that there was good discussion around what the strategy should contain and the vision for the future. It is intended to hold 2 further events in November and also to hold a number of focus groups through the community and voluntary sector for people with lived experience.

4.9 He stated that the development of the strategy is challenging in the current Covid-19 climate, but that the Department is committed to develop a new 10 year strategic direction and expect to have a draft ready for publication by the end of the year.

4.10 Minister Swann responded that co-production and co-design is at the heart of the new mental health action plan and strategy. He advised that the Action Plan has a specific section on COVID and that this will also be the case with the Strategy as COVID will have a long term mental health impact. He acknowledged the difficulties with mental health services and the historic underfunding in comparison to the mainland, and the desire for parity of esteem. He also noted the pressure on inpatient services and acknowledged the dedication and skills of the staff in very difficult circumstances. He reflected that pressures caused by the pandemic were likely to get worse and that we may be at the start of a surge in mental health needs. He stated that we must ensure that our future mental health system can meet and adapt to the challenges brought by COVID and address the historic challenges to ensure that all who need mental health care and treatment will receive it.

4.11 Minister Long spoke about perinatal mental health and the restrictions that have been imposed on parents in relation to attendance at appointments. She advised that she has issues with the restrictions impact on post and perinatal mental health and that is something that needs looked at carefully and urgently. She is especially concerned for women who have to give birth or suffer a miscarriage who are prevented from having a partner present to support them. She said this had been raised by midwives and that there needs to be a balance between support for families and suppressing COVID.

4.12 Minister Swann responded that this matter had been raised in the Chamber and that the Chief Nursing Officer has considered it and it is being kept under constant review. He advised that perinatal mental health has been included in the Mental Health Action Plan/Strategy.

Item 5: Mental Health Champion Deliverables

5.1 Minister Swann welcomed Siobhan to the group and asked her to give an introduction to her role and an update on her deliverables.

5.2 Siobhan gave a short presentation and discussed the mental health impacts of COVID.

5.3. She explained that the key themes for her term as Interim Mental Health Champion are:

- Prevention and Early Intervention
- Suicide Prevention
- Children and Young People
- Drugs and Alcohol
- Service Improvement

5.4 She stated that the biggest predictor for mental illness is relationships in infancy, childhood and adolescence. She has also stated that impact on the mental health of older people has not been mentioned enough.

5.5 She explained that all of the impacts can be mitigated including links with suicide and unemployment.

5.6 She stressed the importance of leadership and self-care.

5.7 Siobhan outlined the three elements of her role taken from the terms of reference for the Interim Mental Health Champion. She is a public advocate, representing those without a voice and engaging with campaigning groups

such as the Elephant in the Room Campaign, PPR and Pure Mental NI. She talked of the need to collaborate and align to achieve common goals.

5.8 She explained about her policy influence role and that she was having meetings with all Departments. She intends to support key messages to support mental health and would be advising senior stakeholders. Key projects would be the mental health strategy and action plan, suicide prevention initiatives and work with young people. She said that she had both a local and regional remit and that she was happy to engage/meet subject to her diary permitting.

5.9 She also advised of her role as a network hub and that she was working on the Mental Health Action Plan and Strategy and that she would ensure that stakeholder views were represented. She also wants to support the Alcohol and Drugs Strategy to ensure that as many responses are received as possible. She wants to be a focal point for mental health discussions and a voice for the voiceless. She is still awaiting the appointment of a communications officer and referring to the Minding your Head website, she is hoping to make arrangements to put all available services in one place. She spoke about the need to convey a positive mental health message.

5.10 She reflected that she is still involved in suicide prevention and Protect Life 2 and has provided input to the current review into recording drugs deaths and the associated reduction in recorded suicide deaths.

5.11 She spoke about the immense harm that alcohol caused, and that service improvement would be a key part of the Mental Health Strategy. She advised that the advice she had provided today could be drawn upon by Ministers when giving interviews to the media.

5.12 Minister Swann thanked Siobhan and noted that she had settled well in her role, and he notified members that he would have to leave the meeting and that the First Minister would take over as Chair.

5.13 Minister Long advised that she would also have to leave the meeting and thanked Siobhan on behalf of her department and also her Council colleagues for her openness and willingness to engage. She advised of a meeting between Siobhan and DoJ last week, and that there was a review of support for staff. Deaths of prisoners could be extremely traumatic for staff and that

she would be meeting in person with Siobhan at Hydebank next week.

5.14 She advised that she was keen on schemes such as the Multi Agency Triage Team, that were addressing mental health needs and that she would like to have Siobhan's input on this. Finally she commented on domestic abuse and that she was aware that lockdown made it difficult for those who can't control their emotions, and that she was keen to work with both perpetrators and victims in order to address these issues.

5.15 The First Minister advised that Minister Ní Chuilín also had to leave for another meeting.

Action: Siobhan O'Neill to organise meetings with those Ministers that she has not already met.

Action: Minister Long to seek input from Siobhan on MATT

Item 6: Departmental Reporting against Progress of "Protect Life 2" Actions

6.1 The First Minister introduced the Departmental Reports against Progress of Protect Life 2 Actions, and Michael McBride agreed to provide the DoH response on this, and noted significant progress had been made in relation to the Multi Agency Triage Team, the Towards Zero Suicide programme, and also the support made available via Transformation Funding for the Derry Crisis Intervention Service. Additional funding from June Monitoring will be used to support Protect Life 2 Implementation Groups in planning at local level. He expressed gratitude for the additional monies received from the Department of Finance.

6.2 He updated members advising that much training had moved online and that although SafeTALK training had been paused, there had been an additional 20 people trained to deliver this training, when it can restart, including Trust staff, GP federation, NI Prison Service and universities staff.

6.3. He advised that suicide prevention services continued to be delivered at a community level, although some services were online due to COVID. He noted that 369 projects to enhance emotional health and wellbeing, had been funded from the PHA Small Grants scheme.

6.4 In relation to the Towards Zero Suicide programme, 5 Trusts have completed self-assessment against the National Confidential Inquiry 10 safer services recommendations.

6.5 Lifeline continues to support the most vulnerable and 42 awareness raising sessions were held with NI Housing Executive to promote signposting and implementation of suicide risk assessment policy.

6.6 It was noted that Ministers would not have time to give individual updates, but that there had been significant progress made by Departments.

6.7 The First Minister asked if there were any issues on the Reporting of Departmental Progress and none were recorded.

Item 7: Press Release for Agreement for World Mental Health Day

7.1 The draft Press Release was agreed to issue after the meeting. Siobhan O'Neill advised that she has not received the Draft Press Release and Sholto Carnew agreed to send to her immediately.

Action: Press Release to be issued following meeting, and copy to be sent to Siobhan O'Neill

Item 8: Any other business

8.1 Michael McBride advised of his recent meeting with Family Voices Forum, who would be keen to present to the working Group at the next meeting, and the First Minister sought and received the groups approval for this.

8.2 Dr McBride also gave an update on Minister Swann's recent meeting with NISRA and the coroner in relation to the change in how drugs deaths are recorded and the subsequent reduction therefore in the number of suicide deaths recorded.

8.3 The First Minister noted that the total number of deaths remained the same, but that the cause of a number of these deaths has now changed to reflect these deaths as drug related, rather than suicide.

Action: DoH to arrange for Family Voices Forum to be invited to present at the next meeting.

Item 9: Date of next meeting

9.1 It was advised that the date for the next meeting would be arranged through Private Offices.

Action: DoH to engage with Private Offices to arrange a suitable date for the next meeting

MINUTES OF EXECUTIVE WORKING GROUP ON MENTAL WELLBEING,
RESILIENCE AND SUICIDE PREVENTION MEETING, HELD VIRTUALLY
ON 3 MARCH 2021

Attendees:

Minister Robin Swann DoH - Chair
First Minister Arlene Foster TEO
Deputy First Minister Michelle O'Neill
Minister Gordon Lyons, DAERA
Minister Nichola Mallon, DfI
Minister Conor Murphy, DoF
Minister Naomi Long, DoJ
Minister Deirdre Hargey, DfC
Minister Diane Dodds, DfE
Minister Peter Weir, DE
Junior Minister Gary Middleton, TEO
Junior Minister Declan Kearney, TEO
Paula Magill TEO
Dr Michael McBride, DoH, Chief Medical Officer
Prof Siobhan O'Neill Interim MH Champion
Sholto Carnew, DoH
Kim Burns DoH
Peter Cash DoH, Mental Health Champion's Office
Claire Johnson
Philip Weir
Mark Ovens
John Loughran
SpAd DfC
Mark O'Hara DfC
Robert Heyburn DfC
Grainne McConnell TEO
Seamus Mullen PHA
Frances Dowds PHA
Tracy Johnston DfC

Gerard Willis TEO

Patrick Neeson DoF

Apologies:

None

Item 1: Welcome and introduction

1.1 Minister Swann welcomed members to the fourth meeting of the Group.

1.2 He stated that DoH continues to monitor closely the impacts of Covid on a range of mental health and suicide prevention indicators, and that increasing mental health presentations and an increased level of acuity in mental health services continue to be seen.

1.3 He advised that DoH also continues to monitor closely a range of indicators for early warning of any urgent issues. To date those indicators have not given cause for concern in Northern Ireland however we are aware in some other countries there has been early signs of an increase in suicide. Japan in particular has noted an increase linked to females and loneliness.

1.4 Calls to the Lifeline helpline remain similar to previous years and there is no change to the risk rating for callers. Indeed calls in relation to suicidal ideation and self-harm had a small decrease during the Covid response period.

1.5 The Sudden Death notification process provides early warning of suspected suicides and is not showing any increase during the pandemic period

1.6 With regard to the Self Harm Improvement Programme counselling is taking place on a telephone and video basis. Many clients have expressed a preference for this method which is positive.

1.7 While the overall numbers of people presenting with self-harm have slightly reduced from previous years, close attention is being given to the impact on younger people and on parents.

1.8 Counsellors have noted an impact on parents with particular issues around home schooling, maintaining boundaries and discipline and misuse of alcohol.

1.9 There has been an overall increase in self-harm amongst younger people with a number of lockdown specific issues being reported to counsellors. This includes: missing school and routine; missing social contact; increased family

problems; and overuse of social media.

1.10 DoH will continue to monitor this specific issue closely and it is vital we get across the message that support is available through the Self Harm Intervention Programme and that people are not deterred from seeking help during lockdown.

1.11 The minister commented that while that is generally a fairly stable picture on the suicide prevention front caution should be given to the close correlation between unemployment and suicide. Close attention will be given to the end of the furlough period and impact of economic challenges. It was noted that the measures put in place to mitigate against economic effects during the pandemic have worked effectively in relation to suicide to date.

1.12 Levels of psychological distress in Northern Ireland remain high but are relatively stable in the data available. English data, indicate a slump in happiness and spike in anxiety in January 2021

1.13 The Covid-19 pandemic has had a negative impact on mental and emotional health. Evidence suggests that people with pre-existing mental illnesses, including eating disorders (EDs), may suffer the greatest deterioration.

1.14 The Protect Life 2 Strategy includes specific actions which the Public Health Agency (PHA) is responsible for delivering. The agency is now undertaking a pre-consultation on these suicide prevention and post-vention services.

1.15 In order for the PHA to develop future services to meet these actions, it is important to review current services and most importantly listen to the views of service users, local communities and other organisations delivering services, through this pre-consultation process. The pre-consultation findings will inform a fuller public consultation on proposed future services.

1.16 It was noted the Crisis Services Review is progressing well and the intention is to publish the review of mental health crisis services by the end of April 2021.

1.17 Minister Swann advised that on 21 December, he launched a public consultation on a new, ten year Mental Health Strategy for Northern Ireland. The consultation will run until 26 March 2021.

1.18 The draft Strategy sets out a new vision for mental health in Northern Ireland as well as 29 high level actions designed to take forward significant strategic

change over the next decade.

1.19 Consultation on the new Substance Misuse Strategy 'Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use' opened on 30 October 2020 and closed on 26 February 2021.

1.20 Minister Swann advised that he was also very pleased to note that the Department of Education published an Emotional Health and Wellbeing Framework and Implementation Plan for Children and Young People on 26 February. This comprises a range of new and existing initiatives aimed at delivering better mental health outcomes for children and young people, and will be especially important at this time given the impact of the pandemic.

Item 2: Minutes of Previous Meeting 8 October 2020

2.1 The minutes of the previous meeting were agreed.

Item 3 – Substance Misuse Strategy – Presentation

3.1 Minister Swann invited Gary Maxwell, Head of Health Development Policy Branch, Department of Health, to provide an update on the Substance Misuse.

3.2 Gary thanked Ministers for the opportunity to update them and gave a short presentation to the group and outlined:

Strategy Development

- Current Executive substance misuse strategy “New Strategic Direction for Alcohol and Drugs” (NSD) – reviewed in Jan 2019.
- The Review of this strategy found that most of the actions had been taken forward.
- Pre-consultation work carried out during 2019.
- Co-production began in 2019/20 but was paused due to COVID.
- Work restarted in July and consultation issued on 30 October 2020 – all key Departments involved.
- Gary noted that there was a falling prevalence for alcohol misuse amongst young people.
- The new Strategy aligns with and complements the Mental Health Strategy, Protect Life 2 and a range of other strategies.

Structure of the Document

The new Strategy is strongly Outcomes based and has a vision that people are supported in the prevention and reduction of harm related to substance use, and are empowered to maintain recovery.

Outcomes

- Fewer people are at risk of harm from the use of alcohol and other drugs (prevention)
- Legislation and the justice system supports preventing and reducing the harm related to substance use (Legislation and enforcement)
- Reduction in harm caused by substance use (harm reduction)
- People access high quality treatment and support services (treatment and support)
- People are empowered and supported on their recovery journey (long term recovery)
- Information, evaluation and research

Making it Work

- The new Strategy finishes off by setting out how we will make this happen.
- New governance arrangements at strategic, regional and local levels – aligned with Mental Health
- Review role, function and membership of DACTs.
- Involvement of Service Users and the Community and Voluntary sector.
- A 10 year delivery timeframe, with updates action plans as required.

Consultation Process

- Gary thanked all Ministers for working with DoH to undertake the consultation.
- Issued for public consultation on 30 October which ran for 14 weeks to 5 February 2021 – but was left open to allow for late responses.
- Held 3 facilitated public discussions, including one with service users, plus 10 individual meetings – over 250 individuals involved.
- 78 formal responses received to date.
- DoH are in the process of analysing the responses, then will reconvene the co-production group to discuss the outcomes and produce the final document.
- Feedback has been positive.

Initial Issues arising from Consultation

- Main concerns were that the Strategy has the finances and resources

required and that it delivers.

- Prevention is as important as treatment
- Increased focus on co-occurring mental health and substance use services.
- Need for a more holistic and flexible joined up service that supports people throughout their recovery journey.
- Increasing support for young people and families – including addressing Hidden Harm.
- Tackling waiting times and transition issues.
- Reinforcing the priority on workforce development, including on early identification and brief interventions.
- Reducing Stigma.
- Balance between alcohol and drugs – alcohol kills twice as many people.

Key Cross Departmental Issues

- Strategy should be health led but not health alone.
- Key role for education and youth services in prevention – aligned with the Emotional Health and Wellbeing framework.
- Important linkages with justice on legislation, transition between prison and community services and enforcement and problem solving justice.
- Important linkages to Liquor licensing, with Minimum unit Pricing being a major discussion point.
- Important to address wider causes – homelessness, poverty, employment etc. – break intergenerational cycle.
- Drink and Drug Driving.

Next Steps

- Full consultation analysis.
- Co-production group reconvened to consider and make recommendations for final strategy.
- New governance and deliverance structures are proposed, including a review of local alcohol and drugs teams. Work to be done to ensure that these align and don't duplicate those in Protect Life 2.
- To be considered by the Health Minister and the Executive.
- Formally published and implementation begins.

3.4 Minister Long noted that she had been impressed by the collaboration

between DoJ and DoH. She commented on the link between substance misuse and mental health and that work in these areas needed to be fully aligned. She advised that DoJ supports this through local interventions, such as work with the SEHSCT in prisons, and pledged that DoJ would continue to work closely with colleagues in DoH.

3.5 She detailed primary healthcare and people resorting to illicit means when they can't get an appointment with their GP. She said that there needs to be floating support, to stop people falling through the net.

3.6 The First Minister noted her thanks for the presentation and spoke of mental health and drug abuse issues.

3.7 She said that she would be keen that the strategy is aligned with other strategies, and asked how was it intended to ensure that we are aligned?

3.8 Minister Swann replied that this group is key to linking up.

3.9 Gary advised that there had been link up with other sectors in co-production, and this is somewhere the strategy can add value. He noted that there was an agreed commissioning framework across the sector. Evidence of what works will be incorporated and not just duplicate existing practices. He noted that substance misuse reaches into other areas, not just health and that he was content to collaborate across these.

3.10 Michael McBride spoke of examining the evidence outside Northern Ireland to see what works best. He alluded to Minister Long and the highly effective substance misuse courts in supporting people. He also highlighted the Multi Agency Triage Team and the work being done in custody suites.

3.11 He said the same individuals were often involved and spoke of the revolving door for these people. He said that the question was how do we get an integrated approach, and that the discussion was very timely with the mental health consultation ongoing.

3.12 Minister Mallon noted her agreement with the First Minister about the real problem with addiction in the working class, and also with the need to break down silos. She asked Gary what did service users want in terms of prevention?

3.13 Gary advised that substance misuse was harshest in the most deprived communities, and that anything that would address the wider health

inequalities would be helpful. He noted that feedback from families and service users was more focused on treatment and support, rather than prevention. He said that the stigma is the biggest issue.

3.14 Gary stated that life skills were important and detailed the Planet Youth project and an NI model based on that approach. He explained that Community planning in Galway had trialled the approach. He noted that bedtimes and young people not getting enough sleep had been highlighted as an issue and that there was a message for parents on the importance of bedtimes.

3.15 Siobhan O'Neill thanked Gary for the meetings that had been held with her groups. She noted that dealing with the issues raised was about considering emotional responses.

3.16 She spoke of the social determinants of mental health and the significant numbers of people who died through drug misuse. 336 people were lost in 2019 due to alcohol, this is higher than Scotland and awareness raising is critical.

3.17 She commented that the review of Crisis Services remains urgent, and that dual diagnosis is a priority.

3.18 Minister Weir said there had been feedback about the underlying problem with drugs being exacerbated by lockdown anxiety. This was a golden opportunity for the criminal element to exploit. He noted that one community group had seen a 50% increase in activity.

3.19 Gary thanked Minister Weir and advised that this will be reflected in the final document.

Item 4: Relink Report to Improve Health and Wellbeing along the Westlink – Presentation

4.1 Minister Swann invited Seamus Mullen and Frances Dowds from the Public Health Agency, to give an update on the Relink Report to Improve Health and Wellbeing along the Westlink

4.2 Seamus gave an introduction to the group on the project. He advised that the concept for Relink came out of Objective 6.1 of the Protect Life 2 Strategy which seeks to reduce risk of suicide at high-risk locations, engaging with local stakeholders and developing plans for enhancing safety at those

locations.

4.3 He explained that Relink is a transformative, innovative cultural and health intervention targeted at improving Health and Wellbeing on the Westlink, and M2 Corridor in Belfast and that PHA were leading on the project and working with DfI.

4.4 He outlined Relink objectives:

- To physically transform the Westlink and M2 Bridges.
- To create new co-designed shared spaces and routes that promote good health and wellbeing.
- To deliver climate resilience by contributing to a network of green and blue spaces in the city.
- To reconnect the city centre to the north, south and west by providing interesting and engaging journeys across the Westlink and M2.
- To embed civic pride and ownership of public spaces in the city that contribute towards a distinctive, resilient and prosperous Belfast

4.5 He spoke about why the Westlink had been chosen and reflected that the Westlink was seen as being divisive, and alluded to the deprivation and health inequalities mentioned during the conversation on substance misuse.

4.6 He explained that 66,000 new citizens were expected to live in the city centre and there was a question as to whether we had the green space required.

Also 1 in 24 deaths in Belfast was linked to long-term exposure to air pollution. There was a need to act on climate by developing green space that promotes sustainable living, improves wellbeing and reduces flood risk.

4.7 Seamus advised that the Relink has been developed with academic rigour and of the involvement of Siobhan O'Neil and Rory O'Connor and their work in relation to the River Foyle.

4.8 He raised the question as why we are we doing this work, and explained that 67 concerns for safety calls at the Westlink were made to PSNI in 2019, and that there had been 27 Lifeline crisis calls to Westlink Bridge between June 2018 and October 2019

4.9 He stated that the data was inconsistent across organisations in this area, with location often not being recorded, but that extensive engagement with the community and service providers had identified high numbers of attempts

from Clifton Street to Grosvenor Road Bridges.

4.10 Frances Dowds advised that the 4 bridges involved in the study are Clifton Bridge, Peter's Hill Bridge, Divis Bridge and Grosvenor Bridge. She spoke of the analysis of CCTV footage and that the lessons learned from this work could be spread out to other bridges. She also noted that the plans had been developed through extensive co-production with the community.

4.11 She detailed the Develop/Deliver phase and the recommended approach and identified:

Areas to Take Forward Now

- Principles for Wellbeing
- Technical Design Criteria
- Improved Data and CCTV
- Reflections in Water
- When Droplets Create Space
- From the Hills to the Lagan

Areas to Pilot

- Searchcare
- Bridge Pilots

The Relink Vision 2035

- Green and Blue Decks
- The Westlink Greenway
- Green and Blue Decks

4.12 She informed the group that PHA resourcing for Searchcare Pilot had begun last month.

4.13 Frances advised that this was an ambitious project and it was key to look at international best practice when developing the proposals. She described technical design criteria, and working with DfI to embed suicide prevention standards for reducing accessibility, ideally on all bridges across Northern Ireland as a design requirement. She also said that any new infrastructure should have to consider suicide prevention.

4.14 She explained that the approach had been taken from USI work on the Foyle Bridge and it was a preventative approach based on the principles for wellbeing, such as the community feeling safe, looking after each other, taking

notice of people and heritage, connected places etc. Relink presents a holistic approach to how public spaces are developed and that this could be taken forward with Departmental support for the proposals.

4.15 Funding and the implementation of Tactical Green Pops up (the greening the bridges project) with DfI, that would be progressed prior to longer term prevention barrier implementation, were explained. She stated that work had been done with the walking champion in this area.

4.16 The Searchcare concept was discussed. This is a communication tool to support correct and empathetic messaging. Frances spoke of the issue of people not being aware of the impact of their statements and the problems that can arise from memorial messages being placed on bridges.

4.17 Frances detailed the Bridge pilot measure proposals. These will incorporate a modular system of prevention barriers installed across four inner city bridges to reduce accessibility but change the mindset of each place through better wellbeing response to climate and connectivity. Each with unique personalities and identities co-designed with community ensuring unique sense of place and civic ownership.

4.18 She stated that the first bridge to be piloted might be the Divis Bridge as it was the most technically suitable.

4.19 Frances outlined the long term '2035' vision of Relink for the transformation of the Westlink into a blue and green park for the city by decking over the road and creating a place for play, a greenway, biodiversity, tourism that connects the city centre back into the neighbourhoods. A shared space developed, owned and nurtured by local communities that supports good health and wellbeing.

4.20 She outlined key actions to be progressed which included:

- Work with DFI to embed technical design criteria for reducing accessibility on Bridges across Northern Ireland as an approval standard for all relevant infrastructure.
- Undertake a framework of design principles for wellbeing which can act as a guideline for all departments to embed into developments to ensure safer and healthier public spaces across Northern Ireland
- Work with DFI & DFC and BCC subject to funding to continue

community engagement via delivery of Green Pop Ups along the Westlink

□ Subject to DFI funding & Bridge feasibility study findings to deliver on at least one of the four inner bridge prevention pilots

4.21 Frances concluded and invited questions from members.

4.22 Minister Swann thanked Seamus and Frances and commented on the cross cutting nature of Relink and advised that Ministers Mallon and Hargey had asked to speak.

4.23 Minister Mallon acknowledged her huge thanks to Seamus and Frances, and told the group that she was really committed to Relink. She commented on the medium/long term planning on the design of bridges and on place shaping planning. She stated that changes should be made quite quickly to demonstrate we value people in these areas.

4.24 Minister Hargey gave her thanks to Seamus and Frances and acknowledged that this would be a huge area of work for Departments of Infrastructure and the Economy.

4.25 She commented on the co-design of the project and that she wasn't surprised that communities had brought forward their concerns. She said that there was a social class dimension to these problems and that health inequalities also played a part.

4.26 She spoke about regeneration and the need to co-design with communities, and that tackling inequality needs to be woven in and that there is a lot of work to be done.

4.27 She noted that the current COVID19 pandemic had affected North and West Belfast profoundly and that these areas had also been affected by the financial crisis and that this will happen again. She concluded by advising that she was keen to be involved in Relink.

4.28 Minister Swann thanked Ministers Mallon and Hargey for their comments and support for Relink and said that this is emphasizing that all Departments need to be working together. He noted that Minister Dodds had asked to speak and invited her to address the group.

4.29 Minister Dodds expressed her thanks for the very interesting presentation and that this area was close to her heart having represented the area in the past.

She described the importance of physical space and its positive impact on mental wellbeing, giving housing as a good example.

4.30 She spoke of connections around the Westlink and the 'mindset barrier' which cuts people from the area off from more affluent and better educated citizens. She spoke of the new Ulster University campus which is located at one of the bridges and that people from both sides must be able to access it.

4.31 She also spoke about the new Women's Centre on Lanark Way. She noted that many of the women using the Centre will not traverse the bridges to go to the Belfast MET. She stated that Relink is an exciting idea and we need to take the next step to progress this. We need to engage people in education and economic activity. The Bridges should be seen as 'a bridge to opportunity and not a drawbridge'.

4.32 Minister Swann thanked Minister Dodds for her contribution and reflected that 'a bridge to opportunity and not a drawbridge' could become a project on Relink. He advised that Siobhan had asked to speak and he invited her to talk.

4.33 Siobhan addressed the group, noting her appreciation of Minister Dodds' bridge of opportunity phrase and that she would be using this analogy in the future. She spoke about the impact of messages left on Bridges, particularly in Derry, and that there is no positive impact from these, and sometimes it actually makes things worse for vulnerable people, as often the media will report on them and exacerbate suicidal feelings in vulnerable people.

4.34 She urged all Ministers to get the message out regarding messages on Bridges, and not highlighting the locations of suicide on Social Media.

4.35 Siobhan asked Ministers not to forget about Future Foyle, and that she would like to see it brought to a future meeting of the group. She said that there had been an increase in suicidal activity.

4.36 Minister Swann thanked Siobhan for her most insightful comments. He noted that Future Foyle were due to appear at the first meeting of the group, but that unfortunately there was insufficient time available to hear from them on that occasion and that this would be something for a future meeting. He noted that Junior Minister Kearney had asked to speak and Minister Swann invited him to talk.

4.37 Junior Minister Kearney thanked Seamus, Frances and Gary for their

contributions. He said that urban planning issue was replete with other issues. He stated that a lot had been captured in the proposals and that he likes the focus on aesthetics.

4.38 He apologised for being morbid and asked to what extent are these bridges reporting suicides/attempted suicides?

4.39 Frances referred him to the information referred to earlier in her presentation, 67 concerns for safety calls and 27 lifeline crisis calls. She alluded to the gap in provision of data that she had mentioned earlier. She stated that there was anecdotal evidence from community groups and that there had been a number of incidents over the summer.

4.40 Junior Minister Kearney said he was curious if there was some method or matrix of measuring these deaths in North/West Belfast?

4.41 Frances said there was not and mentioned that Police, Ambulance Service, and road service used different systems which were not compatible. This had been identified as a gap in provision.

4.42 Junior Minister Kearney asked about the Foyle bridges and the significant preponderance of suicide on the 3 bridges on the Foyle and asked if there was comparative work on the degree to which bridges are influencing suicide.

4.43 Frances advised of the work of USI on Future Foyle. She spoke about the Trusts having different IT systems and that it would be better to have one accessible system, that there needs to be a common data gathering system.

4.44 Minister Swann commented that that the importance of the Encompass work had clearly been highlighted here, and then he invited Minister Long to speak.

4.45 Minister Long said that Relink was impressive, and recognised the effect of physical environment on mental Health. She declared a personal interest having formerly been a civil engineer.

4.46 She spoke of legacy issues and utilitarian architecture with little thought of how it interacts with people. She reflected on Minister Mallon's and Dodds' comments earlier about the divisive nature of our infrastructure. She noted that housing estates had been designed with defensive architecture and built like a maze with the safety of the community at that time in mind. She spoke of the need to return to traditional streets and connections.

4.47 She spoke of roads being used like barriers in the 70's and 80's, to keep

communities apart, and of the abject failure of this principle on the Woodstock road. She agreed with Minister Dodds about the issue of supporting communities at the bridges and the need to take account of the impact when you connect these groups up. These should be opportunities to connect, rather than to feel vulnerable and this issue needs to be worked through.

4.48 She was pleased that the impact on community of infrastructure is being recognised. She said there are good examples of new builds showing how to connect people on foot and on bicycle.

4.49 She noted that bridges can be the focus of antisocial behaviour and that this can be designed out.

4.50 Minister Swann thanked Minister Long and suggested that she might be brought into the design, given her former role. He acknowledged the cross departmental support for Relink and noted that the Chief Medical Officer wished to speak and invited him to address the group.

4.51 Dr McBride thanked the Minister for the opportunity to speak. He said that Relink was about empowering communities and fits in neatly to the Executive approach. He detailed the innovations in the Future Foyle project.

Action: Future Foyle update to be provided at future meeting.

Item 5: Departmental Reporting against Progress of "Protect Life 2" Actions

5.1 Minister Swann noted that Ministers had been provided with a very comprehensive update of work being taken forward across Departments and advised that given time constraints, he would not go through each of them individually, however there were a few he would like to Highlight:

- DAERA's SPRING social prescribing programme is doing excellent work in referring rural patients to a range of activities and services to support greater independence, reducing reliance on primary healthcare, tackling poverty/isolation and delivering better outcomes for rural people and society.
- Department for Communities have provided an excellent update on work they are doing with frontline staff with a 6 point plan where claimants present with suicide or self-harm issues; and also on work coaches in jobs and benefits offices to support those with physical or mental health conditions.

□ Also, DfE's update in relation to further education and assistance being provided to students. Similarly with DE and the focus being given to wellbeing in the Education Restart programme.

5.2 He advised that some of these Key Points had been drawn out for the Press Release following the meeting.

Item 6: Press Release for Agreement

6.1 The draft Press Release was agreed to issue after the meeting.

Action: Press Release to be issued following meeting

Item 7: Any other business

7.1 No other Business was raised

Item 8: Date of next meeting

8.1 Minister Swann advised that the date for the next meeting would be confirmed in due course. He thanked all for their time and interest today.

Action: DoH to engage with Private Offices to arrange a suitable date for the next meeting

MINUTES OF EXECUTIVE WORKING GROUP ON MENTAL WELLBEING,
RESILIENCE AND SUICIDE PREVENTION MEETING, HELD VIRTUALLY
ON 6 OCTOBER 2021

Attendees:

Minister Robin Swann DoH - Chair

First Minister Paul Givan TEO

Deputy First Minister Michelle O'Neill

Minister Edwin Poots, DAERA

Minister Nichola Mallon, DfI

Minister Conor Murphy, DoF

Ronnie Armour, DoJ

Minister Deirdre Hargey, DfC

Minister Gordon Lyons DfE

Minster Michelle McIlveen DE

Junior Minister Gary Middleton, TEO

Junior Minister Declan Kearney, TEO

Paula Magill TEO

Prof Sir Michael McBride, DoH, Chief Medical

Officer

Prof Siobhan O'Neill Mental Health Champion

Claire Curran Family Voices Forum

Lisa Archibald Family Voices Forum

Sholto Carnew, DoH

Kim Burns DoH

Peter Cash DoH, Mental Health Champion's Office

Philip Weir

John Loughran

SpAd DfC

Mark O'Hara DfC

Grainne McConnell TEO

Fiona Teague PHA

Gerard Willis TEO

Patrick Neeson DoF

Kevin Kerr TEO

Angela Kane DE

Jenny McAlarney DoJ

Apologies:

Minister Naomi Long

Item 1: Welcome and introduction

1.1 Minister Swann welcomed members to the fifth meeting of the Group.

1.2 He informed members that an apology had been received from Minister Long and that Ronnie Armour would be attending in her place.

1.3 Calls to Lifeline have remained similar to previous years and that that there was no change to the risk rating for callers which is positive.

1.4 He stated that evidence is emerging of longer term increased mental health need associated with the pandemic.

1.5 Recently published data by NISRA on its C19 Opinion Survey included a GHQ-12 score for January to June 2021. The GHQ is a screening tool designed to detect the possibility of psychiatric morbidity in the general

population. The results showed a significant decrease in mental wellbeing, with more than 1 in 4 of the population having a potential psychiatric disorder in the period of January to June 2021.

1.6 There was some media coverage of an increase in the suicide figures from 2019 to 2020. Considerable caution needs to be exercised around this. There is work ongoing at present between NISRA and the Coroner's Service to review suicide data over the past 5 years around inclusion of drug related deaths and those figures may alter significantly when that work is completed. He advised members to be very cautious about the accuracy of such reports until that statistical review work is completed.

1.7 Suspected suicides continue to be monitored in real time through the Sudden Death notification reporting process. To date this has not shown any increase over the pandemic period. Recent statistics announced by the Office for National Statistics in England have also not shown an increase during the early part of the pandemic. Again, caution must be exercised as it can take some time for suicide deaths to be registered and it may take time for the full picture to be known. However, it would appear the mitigating and protective measures put in place across the UK have been effective.

1.8 Social cohesion and a sense of shared adversity are likely to have played a part. We have seen greater vigilance towards friends and family, communities rallying round more vulnerable members, charities and services going above and beyond.

1.9 With the furlough period now having ended, close attention will continue to be given to monitoring statistical data over the coming months so we have early notification of any economic effects on mental health and suicide. As society opens up we must remain vigilant in relation to suicide and mental health. Recovery can always be a dangerous time regarding mental health. At a societal level we have new mental health risks to the population from long covid and the return to the workplace. There are particular concerns for young people.

1.10 Within available funding, we will strengthen services for those most at risk of suicide and its key risk factor, non-fatal self-harm. It will be vital to continue to support bereaved families, those in crisis, those concerned about escalating

bills, and our own staff in the months ahead.

1.11 He mentioned that in light of this, he had announced the first tranche of funding through the Mental Health Support Fund last week. This will provide grants to charity organisations who provide interventions to improve the population's mental health.

1.12 £8.7m in large grants have been awarded regionally to 30 projects. This includes increasing counselling provision and support services, expanding peer support networks and providing trauma support programmes. The projects are aimed at a wide range of ages from children through to older people.

1.13 Applications for small and medium grants are now currently being accepted, this application period will close on 22 October 2021.

1.14 Recently, the five Health and Social Care Trusts in Northern Ireland have joined forces with the Public Health Agency (PHA) and the Northern Ireland Ambulance Service (NIAS) to deliver a campaign to encourage everyone to hold on to hope, to nurture our mental wellbeing and to raise awareness of the local and national services that are available to help when times are tough.

1.15 'Holding On To Hope in a Changing World' is a five week social media campaign which links World Suicide Prevention Day on 10th September to World Mental Health Day on 10th October.

1.16 The SEHSCT Zero Suicide Prevention Pathway was launched by Professor Sir Michael McBride on 10 September. The purpose of a suicide prevention care pathway is to identify and respond in a timely way to patients presenting to mental health services who are at risk of suicide. It ensures that systems and procedures are in place to provide patient-centred assessment, support and evidence- informed treatment to patients identified as being at risk of suicide.

1.17 Each Trust will be launching their own Pathway over the coming months with the Southern HSC Trust commencing theirs to coincide with World Mental Health Day next week.

Item 2: Minutes of Previous Meeting 3 March 2021

2.1 Minster Swann noted that DoJ had advised of a slight amendment to paragraph 3.10 to refer to substance misuse courts and that officials have

picked this up and revised the minutes accordingly. He advised that he would not go through each of the actions due to time constraints and advised that they had been taken forward. The minutes of the previous meeting were agreed.

Item 3 – Family Voices Forum – Presentation

3.1 Minister Swann described how different organisations had been brought to this working Group to provide an update on the work they carried and how the input from such organisations has shaped his priorities in the Mental Health Strategy and that he hoped that other Ministers would also benefit from learning from these organisations.

3.2 He invited Claire Curran, Chairperson, and Lisa Archibald Co-ordinator, Family Voices Forum, to provide an update on the group's work. He advised that the Forum was one of the first groups he met on taking up his post as Health Minister and of the Forum's contribution to a wide range of Protect Life 2 initiatives through their lived experience and knowledge.

3.3 Lisa opened the presentation and introduced herself and Claire and thanked Ministers for the opportunity to present to them today. She said that Sharing Hope was the theme for this year's world suicide prevention day and the opportunity for the Forum to present today would allow the group to spread the message of hope through action.

3.4 She explained that the Forum had been established 17 years ago when affected families had joined together and that some of the things that they had been seeking when the group was first established have changed, while others still remained. The Forum was established to ensure the voice of lived experience is listened to and acted upon through collaborative working approaches.

3.5 She explained that the Forum participates through engagement of bereaved families in consultations, research, reviews of policies, development of literature and training design and delivery. They are a communication network across bereaved families in different sectors, groups and organisations. They raise awareness about postvention needs through sharing lived experience.

3.6 She explained the importance of postvention actions to lower the impact of suicide on those bereaved by suicide and to prevent future suicides in this

group. Specialist bereavement support is needed as there is a higher risk of suicide, suicide ideation, depression and psychiatric admission in people who have been bereaved by suicide. She advised that there was a wide range of impacts on such people and it can lead to issues such as job loss, being unable to continue in education, housing loss, family and community tensions, amongst other issues.

3.7 It is more than just a grief reaction, there is often PTSD and Moral Injury, stigma and isolation, feelings of a lack of privacy and difficulties in dealing with formal investigations and with unanswered questions from the suicide.

3.8 Suicide bereavement can lead to feelings of guilt and anger. This anger can be often be directed at politicians, Health Trusts and doctors involved with the person who has died by suicide. These feelings can last for life. She explained that we can change this bond to one of loving memories of the person who has been lost.

3.9 Lisa advised that it used to be thought that the impact of suicide was mainly felt by the immediate family of the deceased. It is now recognised that the impact is much wider. Those impacted also include first responders, anyone who discovers the decedent, therapists, close friends, classmates, coworkers, team members and neighbours. The impact of a celebrity suicide can be particularly far reaching across society with many people affected.

3.10 It had previously been thought that 6 people were affected by each suicide but it is now recognised that 135 people are affected, or 26,595 people in Northern Ireland every year, and so we need to think about postvention provision on a broader range of people.

3.11 Claire Curran took over the presentation and thanked the Group for inviting them to present today. She told the group about the double impact of the pandemic to the bereaved. The pandemic had created difficulties accessing services, families contact with GPs was mainly on the phone, and families really needed to have face to face contact with GPs. Many of the normal support services were unable to operate as normal during the pandemic. There was increased isolation from the normal family support.

3.12 The inability to grieve in the normal way, with the lack of funerals, wakes and inviting people to the home had made things more difficult. There were other

multiple impacts of the pandemic, which made things harder for families, such as job losses, loss of homes and damage to reputation.

3.13 Claire made reference to Minister Swann telling the group earlier that suicide rates were not rising, whilst she agreed, she said that the forum were concerned. She spoke of the community cohesion, where community organisations, families and friends had worked to look after each other and had helped reduce access/opportunities for/to suicide for vulnerable people. She was concerned that when the community efforts stop that this could lead to an increase in suicides.

3.14 She spoke about the statutory supporting strategies currently in place, and that difficulties with families engaging with these processes was the most common reason for families to contact the forum.

3.15 She went on to detail some of the things that families are asking for.

- They are looking for an ongoing creative approach to public messaging and noted that we would hear more in relation to the ComKit awareness raising initiative later on the agenda.
- Training for all staff on the frontline.
- There are problems with the SD1 process, it needs improved to involve, respond and support families.
- Support needs to be flexible and available over a longer time, 2 or 3 years down the line.
- Integration of suicide exposure into health assessments – we don't ask people about suicide attempts.
- Long term investment and reform that addresses outcomes.
- Support for more Northern Ireland specific research.

3.16 She went on to detail problems and solutions in relation to investment in mental health.

3.17 She expressed her support the Towards Zero programme, but was concerned as it is only targeted at the 30% of total suicides that involved people who had been involved with secondary care mental health services. There is a need to be in touch with the remaining 70%, who were not known by Mental Health services, in particular those who had been in contact with their GP.

3.18 Claire stated that suicide prevention was not just a health issue, it needs

every single Department coming together to make a difference. She asked the group to take a moment to look at her final slide depicting a Trauma Informed Community Building Theory of Change, which illustrated the broad range of factors and areas which could help reduce suicide.

3.19 Minister Swann thanked Claire and Lisa and reflected on his opening comments about the power and authenticity of the Forum's presentation and work. He noted his appreciation for the Forum's contribution to work within Protect Life 2 and the Zero Suicide programme.

3.20 He invited colleagues to raise any questions for the Forum.

3.21 Minister Mallon said that she would echo Minister Swann's comments on the passion the Forum brings and the knowledge they have. She said it was refreshing that they had presented solutions to the problems they had identified.

3.22 She wanted to ask two questions:

She said that she was aware of issues with Serious Adverse Incidents and that it was a problem in her constituency and asked the Forum if they had any suggested improvements or anything was needed to improve the process?

She noted earlier comments on community cohesion in the pandemic, and wanted to know how this could be harnessed to improve people's feelings of worth, belonging and importance?

3.23 Lisa responded that the SAI process needed stripped back to the bare basics. It is led by the Trusts, and often families felt let down by the Trusts. There is a need to look at how and when we engage with families. There are families waiting 2 or 3 years for an outcome. She invited Claire to comment.

3.24 Claire said that the language used can be quite distressing. The venue that the meeting takes place in is wrong, Trusts should go out to meet families, rather than families having to go to Trust facilities/locations. She noted that there is a culture of blame and responsibility in the Trust processes and there is a need to get away from this culture.

3.25 Recommendations are no good, changes must be mandatory. There is a need to put in place models that the Forum can look at.

3.26 Lisa then responded on Minister Mallon's second question, advising that there

had been both positive and negative effects of the community cohesion. She said that families value getting services that are local, and that they don't want to go helplines or to the Trust. The Forum would like to see funding for community services.

3.27 Claire commented on the difficulties of short term funding, that whilst we can get learning from projects, if the funding isn't provided then we can't build on it. Longer term funding will help GPs who will be able to refer patients to local help. She said that we need to be careful when awarding contracts and tendering. Bigger organisations can pay for help in making their applications, which places smaller organisations at an unfair disadvantage. She said there was need for a social value act.

3.28 Minister Swann advised Minister Mallon that a review of the SAI was ongoing, but that progress had been impacted by the pandemic. He noted that Siobhan O'Neill wished to speak and invited her to address the group.

3.29 Siobhan thanked Lisa and Claire for their work and for their presentation and said that their voices needed to be listened to. She reflected on Minister Swann's earlier comments on suicide rates not rising, and considered much of this was due to the protective factors of community cohesion and collective adversity.

3.30 She referenced research that showed 1 in 5 young people had experienced suicidal thoughts. She said that the effects of the pandemic were worse in those with existing mental health problems, the disabled, people with disabilities and those who were socially deprived.

3.31 Siobhan spoke of a study of Irish suicide, which had shown that austerity directly impacts on suicide rates. 476 male and 85 female suicides were attributed to austerity. She stated that we are now entering the most dangerous period of the pandemic from a suicide and mental health perspective, with the end of furlough, the reduction in universal credit and the other economic impacts that could plunge people in to despair.

3.32 Minister Swann thanked Siobhan for her comments and invited Minister Murphy to speak.

3.33 Minister Murphy said that he agreed with Siobhan's comments on the economic impact. He stated that his Department was working on a social

value act, but that it wouldn't be ready in this mandate. He spoke of grants being available for small organisations and of reserved contracts which only went out to community and voluntary organisations.

3.34 Minister Swann thanked Minister Murphy and advised that Siobhan had put papers in to the chat box and asked Sholto Carnew to circulate to the group members. There were no further questions and he thanked the Forum for all of their work, and Claire and Lisa thanked Minister's for inviting and listening to them today.

Action: Sholto Carnew/DoH to circulate papers placed in chat box by Siobhan O'Neill

Item 4: Future Foyle – Written Update

4.1 Minister Swann advised the group that Junior Minister Kearney had enquired about the Future Foyle programme at the last meeting and therefore it would be timely to provide a short written update on this initiative. He explained that this had been a very challenging issue to take forward and expressed his gratitude for the support from TEO, DfC and DfI to consider the options available for trying to reduce suicide at the Foyle riverfront and also to try and enhance health and wellbeing.

4.2 He explained that the Foyle River is a fast flowing river, has multiple entry points and limited egress opportunities and has become closely associated with suicide and despair. Ministers discussed ways to address this as far back as 2008, and in considering how to proceed than, and drawing on emerging best practice from elsewhere, the PHA recommended a holistic approach that addressed both access and perceptions of the river.

4.3 Our Future Foyle is a very ambitious, innovative and transformative cultural intervention designed in response to high numbers of suicides and attempted suicides at the River Foyle. It seeks to change the public's negative attitude to the river to one that evokes positive opportunity and activity. Issues relating to Our Future Foyle impact on key strategies and policies of many government Departments. It goes beyond suicide prevention alone, aiming to improve the health and social wellbeing of everyone using the Foyle riverfront, as well as promoting the use of the river and its infrastructure as a positive space for both residents of the surrounding area and tourists. Our Future Foyle

envisaged social and cultural interventions which focus on regeneration and enhancing civic engagement and improved prosperity, community development and cohesion, and health and wellbeing.

4.4 Significant stakeholder engagement has been undertaken and various business cases have been commissioned to scope the feasibility of delivering the initiative. Around £640k has been invested to date by PHA to scope, research, design and develop proposals with total future costs potentially in the region of £26m.

4.5 Minister Swann advised that today's paper provided an update and that he wished to caution the group that this is a very ambitious initiative and some elements may not be feasible. He stated that some parts are much easier to deliver than others. He explained that he would briefly outline the Health aspect and then would invite Ministers Mallon, Hargey and a TEO Minister to outline the current position from their perspectives.

4.6 Minister Swann told members that the Health element is a relatively straight forward awareness raising initiative, known as ComKit and is a messaging and communications digital platform. The interactive platform allows for four different types of user to seek information and advice on best practice: family or friend; community group; community member; reporter or representative. The platform will provide advice and guidance on appropriate messaging around rememberings and gatherings, social media messaging, use of language, and on sharing the right information. The business case has been agreed and the project has been awarded £45k by PHA. The text for the platform has been reviewed by Families Voices Forum and digital animators are completing work on the product. The project should be launched later this month.

4.7 Minister Swann invited Minister Mallon to provide an update in relation to the Foyle Reeds, which is the most ambitious and challenging area of Future Foyle.

4.8 Minister Mallon responded saying that it is very challenging to transform the Foyle Bridge and River Foyle and that her department is still waiting for the final outline business case for Foyle Reeds. She understood Urban Scale Interventions had taken a lead role in developing the business case but that

was no longer the case as PHA funding for the initiative had now stopped.

She asked if an update on this issue could be provided.

4.9 Minister Swann advised that a written response would be sought on this matter to DFI. He asked if Siobhan O'Neill could provide something to members on the non-monetary benefits of Future Foyle?

4.10 Siobhan told members that there may be information from Australia on this and that she would consider. She stated that Foyle Reeds was the best way of preventing suicides on the Foyle Bridge. She told members that she would discuss non-monetary benefits with Minister Mallon at their meeting which was happening soon.

4.11 Minister Swann invited Minister Kearney to provide an update on the Sounds of Craigavon Bridge element.

4.12 Minister Kearney noted that Urban Villages had received a business case for £1.5 million in 2019, but needs further review. He advised that the enabler for the Sounds of Craigavon project, the Urban Villages Project, was time bound and will end in 2023. He said that the integrated nature of project had a lot to recommend.

4.13 Junior Minister Middleton spoke of the significant stakeholder interest in the project, and that there had been a lot of excitement about it locally. He noted that there had already been £640k spent which was a lot of money. He stated that a long term solution was needed. He said that TEO will commit themselves to support the project.

4.14 Minister Swann invited Minister Hargey to provide an update on Foyle Bubbles.

4.15 Minister Hargey said that her Department had reviewed the Foyle Bubbles Business Case and had concluded that there was insufficient evidence that the Bubbles would reduce suicide, and concerns that they would only be open during the day. They also had concerns regarding the cost of the pods and the viability of operating them. She said that whilst they were unable to progress the business case, her Department would continue to work and look at this with other Departments and stakeholders.

4.16 Minister Swann thanked Minister Hargey for her update and noted that this is a very complex and challenging initiative to deliver, however the impact it can

deliver is significant. He spoke of the recent tragic death on the river and that he hoped that while ComKit would go some way to assist messaging following such a tragedy, other initiatives are needed prevent them in the first place.

4.17 He stated that we have to recognise that the considerable cost of other elements combined with challenging budgetary positions, technical complexity and other Departmental priorities, set against the COVID-19 background, have meant that several elements of the initiative have not been progressed within the initial timescales envisaged.

4.18 He reflected on the high levels of stakeholder engagement that Junior Minister Middleton had spoken about and that officials will continue to work together to try and consider the options that are feasible and realistic, and that it will also be important to work with Derry and Strabane District Council to see what other initiatives they feel could work and they can contribute towards.

4.19 He told members that there are a range of mitigating measures in place such as CCTV, Foyle Search and Rescue and Derry Crisis Intervention Service which has just received future funding through the Mental Health Support fund.

4.20 Members noted the current position and that officials will continue to work together on this issue and the positive progress made on ComKit.

4.21 Siobhan O'Neill spoke and said that a barrier on the Foyle Bridge must be an absolute priority, and this must be done as a matter of urgency. She advised the group that if only one part of Future Foyle was to be progressed then it should be the barrier on the Foyle Bridge.

4.22 Professor Sir Michael McBride addressed the group and said that he had been involved with the Future Foyle project since 2008. He said that a solution for the Foyle Bridge was complex and not a simple matter. It represents a significant engineering challenge and hence the Foyle Reeds concept was developed, but that this was not a straightforward option.

4.23 Minister Swann reflected on the fact that Future Foyle had been talked about for a long time. He thanked Minister Hargey for her earlier comments and her confirmation of her Departments commitment to work and look at opportunities to examine the issues with other Departments and stakeholders. He asked all Ministers to ask their officials to work together to find feasible

ways to progress suicide prevention on the Foyle River.

4.24 Junior Minister Kearney spoke of the point made by Siobhan O'Neill about making interventions on the Foyle, and that these are the locations that we need to take action on. He said that he appreciated the Future Foyle update today, but that further progress was needed.

4.25 Minister Swann thanked the group for their comments and affirmed to all present that we can take the Future Foyle concept to another level by working together.

Action: PHA to provide update on current position on business case for Foyle Reeds and DoH to provide to DFI

Action: Siobhan O'Neill to review papers on non-monetary benefits and update DFI

Action: Officials from each Department to continue to work together on Future Foyle.

Item 5: Departmental Reporting against Progress of "Protect Life 2" Actions

5.1 Minister Swann noted that Ministers had been provided with a very comprehensive update of work being taken forward across Departments and advised that given time constraints, he would not go through each of them individually, however there were a few he would like to highlight:

- DoJ support is appreciated for online mental health training lessons being rolled out to PSNI officers. Also PSNI zero suicide training and suicide intervention skills training will be greatly beneficial for officers attending the scene of a suspected suicide.
- The joint work also mentioned in DoJ update between Northern Ireland Prison Service and South Eastern Trust which has resulted in a 20% decrease in self-harm in prison settings. Particular success is noted at Hydebank Wood where there has been a 29% reduction in female self-harm and a 67% reduction in male self-harm.
- Progress by TEO in the Our Generation project to develop emotional resilience for those aged 6-24. That would be one to perhaps consider for a future presentation to this group.
- DFI progress on workstreams to progress the Relink initiative which we heard about at the last meeting is also very positive to improve health

and wellbeing around the Westlink.

□ DFC mental health first aiders programme for staff is also very commendable and timely during this difficult period and will ensure that staff feel supported. The enhanced suicide prevention approach will be a key protective measure for engaging with clients who may have both physical and mental ill health and be at increased risk of suicide.

5.2 He advised that some of these Key Points had been drawn out for the Press Release following the meeting.

Action: DoH to arrange Our Generation project presentation at Future meeting

Item 6: Press Release for Agreement

6.1 The draft Press Release was agreed to issue after the meeting.

Action: Press Release to be issued following meeting

Item 7: Any other business

7.1 Minister Swann asked Siobhan O'Neill to speak as he was aware that she had requested to raise a point under Any Other Business.

7.2 Siobhan told members that she would be writing to political leaders to request their support for full funding for Protect Life 2 and the Mental Health Strategies in their election manifestos. She spoke about mental illness as preventable and treatable illnesses, which were a cause of death and suffering and that it was unacceptable that so many people were not able to access the services they needed. She stated that we need to spend 34% more than is currently spent, and that our current spend is 27% less than in England, and 20% lower than in Ireland. She said that there are strong arguments for investing this funding, including, human rights, improved physical health, mortality and educational outcomes, and economic productivity and efficiency.

7.3 Minister Swann thanked Siobhan and noted that party leaders would respond accordingly. He asked if there were any further items members would like to discuss under any other items of business, and none were requested.

Item 8: Date of next meeting

8.1 Minister Swann advised that the date for the next meeting would be in the New Year and would be confirmed in due course. He thanked all for their time and interest today, and extolled the benefits of the Working Group coming

together to hear and learn from individuals such as those today from Family Voices Forum.

Action: DoH to engage with Private Offices to arrange a suitable date for the next meeting

4

Annex A

MINUTES OF EXECUTIVE WORKING GROUP ON MENTAL WELLBEING, RESILIENCE AND SUICIDE PREVENTION MEETING, HELD IN ROOM GD 14 STORMONT CASTLE ON 3 APRIL 2025

Attendees:

Minister Mike Nesbitt DoH - Chair

First Minister Michelle O'Neill TEO

Deputy First Minister Emma Little Pengelly TEO

Minister Andrew Muir, DAERA

Minister Liz Kimmins, DfI

Minister John O'Dowd, DoF

Minister Naomi Long

Minister Gordon Lyons, DfC

Minister Dr Caoimhe Archibald DfE

Minster Paul Givan DE

Junior Minister Aisling Reilly, TEO

Junior Minister Pam Cameron, TEO

Peter Toogood, DoH

Bryan Dooley, DoH

DoH

Jane Hamill, DoH

Mark Ovens DoH

Kiera Lloyd DfI

Fiona Teague PHA

Annette Plamer DfE

Gregor Kerr DAERA

Claire McClelland DE

Jenny McAlarney DoJ

Apologies:

Professor Siobhan O'Neill Mental Health

Champion

Peter Cash Mental Health Champions Office

Professor Sir Michael McBride

Item 1: Welcome and introduction

1.1 Minister Nesbitt welcomed Ministers to the 6th meeting of the Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention ('the Group').

Item 2: Setting the Scene

5

2.1 Minister Nesbitt highlighted that only 20% of the mental health and outcomes are driven by the clinical care received, 40% are related to the socio-economic environment in which people live, 10% are related to the physical environment and the final 30% are the result of a range of health behaviours.

2.2 He spoke about deprivation and its profound detrimental effect on both physical and mental health. He referenced the recently launched Samaritans Report – "Lost Futures: Poverty, Inequality, and Suicidality in Northern Ireland" which noted that suicide rates were 3 times higher in deprived areas.

2.3 Minister Nesbitt highlighted that the majority of the causes of health inequalities lie outside the responsibilities of the Department of Health and as such, he was asking all Departments to work together to address them.

Item 3 – Draft Terms of Reference

3.1 Minister Nesbitt introduced the draft Terms of Reference for the Group, and explained that he was seeking agreement to widen the remit of the Group to include public health and to rename it as 'The Executive Working Group on Public Health'.

3.2 He reminded Ministers that the Executive Working Group on Mental

Wellbeing, Resilience and Suicide Prevention had met during the last mandate, with a focus on working across government to reduce suicide. He also informed the Group of the Ministerial Committee for Public Health, which focused on protecting and improving health and wellbeing and reducing health inequalities as a whole of government issue, but that this committee had not met for some years.

3.3 He proposed that, given pressure in Ministers' dairies, there was merit in amalgamating the Committee for Public Health and the Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention.

6

3.4 He advised members of the benefits of a single group, as the social determinants of mental health are the same as those that determine physical health outcomes. He also acknowledged that there may be concern from some stakeholders about the focus of the group being diluted.

3.5 He advised members that both the Chief Medical Officer and the Mental Health Champion were supportive of the proposal to rename the Group and to widen its remit, and then invited views from members.

3.6 The First Minister stated that while she welcomed the re-establishment of the Group, she had concerns that by widening its remit, it would lose its focus on suicide prevention.

3.7 The deputy First Minister said she could see merit in keeping the focus on mental health and suicide prevention.

3.8 Minister Long expressed concerns that public health was very broad.

3.9 Minister Givan said that the gap in life expectancy in deprived areas could be a focus for a Public Health Committee.

3.10 Minister Nesbitt noted there was little appetite for widening the scope of the Group or changing its title at this time.

Item 4: Protect Life 2 Suicide Prevention

4.1 Minister Nesbitt advised that Protect Life 2 would be a standing item in future meetings of the Group. He provided an update on the work involved with stakeholders to develop and finalise the new Protect Life

2 Action Plan and Implementation Plans and thanked Departments for their contributions.

7

4.2 The Minister explained he believed that every suicide is preventable up to the point of completion, so while we may set realistic targets, in reality the only acceptable number is zero.

4.3 He outlined the five themes of the action plan: A Whole of Government and Society Approach; Awareness and Prevention; Supporting Compassionate Responses to Suicide; Supporting Compassionate Responses to Self Harm; and Research, Evidence and Planning.

4.4 Minister Nesbitt explained that the actions underpinning the themes would have a wide range of deliverable actions over the coming years and that there would be more robust monitoring arrangements to track progress.

4.5 The Minister explained that the Mental Health Champion, Professor Siobhan O'Neill, had been due to attend the Group but had sent apologies due to illness. He asked Bryan Dooley to convey her views on the new Action Plan.

4.6 Bryan advised that Professor O'Neill welcomed the re-establishment of the Group and that she commended PHA and DoH for refreshing the Action Plan. She acknowledged the £6million funding requirement and urged Ministers to secure the necessary funding for it.

4.7 Professor O'Neill believes that the Mental Health Strategy is a clear plan for transformative change in how mental health services are delivered in Northern Ireland. She relayed her concerns in relation to the progress of the Strategy under current funding levels and that if the required funding was not found then this could render parts of the strategy obsolete and require reviews that have already been done to be repeated.

4.8 Minister Nesbitt flagged his concerns over the £6million funding gap to implement the new actions, and that he did not currently see a way to close it. He asked if there were any questions.

8

4.9 The deputy First Minister noted that the plan was plausible and that a different approach was needed to implementation, highlighting the interdependencies with drugs and alcohol abuse and the interface with mental health services.

4.10 Minister Long detailed the mental health links with the justice system, including the use of substance misuse courts where people could be offered support from addiction services prior to sentencing and could get a reduced sentence if they complied with the treatment programme. She also detailed the work of the Multi Agency Triage Team in supporting those in crisis and diverting them from Emergency Departments and in reducing numbers of people who were detained under mental health legislation.

4.11 Minister Kimmins stated that she was pleased that there had been conversations in relation to remand. She detailed examples at a local level regarding the impact of alcohol misuse, and when people were subsequently released they sometimes fell back into the justice cycle again.

4.12 Minister Muir stated that most of the response to mental health issues is through charities supported by grants and mentioned the recent reports of the increase in such work being carried out in rural communities. He said that he knew people in the LGBT community that have taken their own lives and that people in public positions need to be careful with their discourse.

4.13 Minister O'Dowd reported that he had attended two Mental Health presentations at a recent NSMC meeting and recognised the range of support that was available for people who required help.

4.14 The First Minister welcomed the restart of the Group and suggested that there should be a new approach to how it operates. She stated her agreement to the five themes in the Action Plan and suggested that the Group looks at issues thematically. She felt that the Group needed to meet more frequently than 6 monthly, as this was a period of refamiliarisation for the Group.

4.15 Minister Nesbitt agreed that the Group needed to meet more often for the initial period.

4.16 Minister Archibald noted her concerns in relation to the interface between learning disability and mental health.

4.17 Minister Long asked if this Group would be a better forum for a presentation on ACEs that had been planned to be given at a full Executive Committee Meeting.

4.18 Minister Nesbitt asked if colleagues were content with the new Action Plan and Ministers agreed. He advised that he would ask officials to finalise the document and that it would be published shortly on the Department of Health's website, subject to funding issues being resolved.

4.19 Minister Nesbitt moved to the next Agenda item and provided an update on some of the work being delivered by Departments against the Protect Life 2 Actions.

4.20 Minister Kimmins advised that she had met with the Mental Health Champion in relation to the feasibility of barriers on the Foyle Bridge. She advised it was a complex issue, and that it would be kept under consideration.

Action: DoH to revisit Terms of Reference to make the focus of the Group more thematic/strategic.

Action: DoH to explore with DoJ potential of ACEs presentation at a future meeting.

Action: DoH to explore frequency of future meetings during the initial re-familiarisation period.

Item 5: Mental Health Strategy update

5.1 Peter Toogood Deputy Secretary for Social Care and Public Health Policy gave an update on the Mental Health Strategy, which was 10

published in 2021. He outlined its 3 key themes – promoting mental wellbeing, resilience and good mental health across society; providing the right support at the right time; and new ways of working.

5.2 He stated that the social determinants of mental health are the same as

those for physical health and that there should be parity of esteem between mental and physical health. He detailed the costs of poor mental health in Northern Ireland, in terms of economic, human and health and care costs. He said that these costs were not inevitable with early intervention and prevention. He noted that good progress had been made on reducing stigma.

5.3 He also advised of the development of a Regional Mental Health Service; direct investment into Child and Adolescent Mental Health Services (CAMHS); the establishment of a perinatal mental health service across the region; together with additional support for crisis provision and other specialist services such as personality disorder and eating disorder services. He advised that, while 19 actions in the Strategy are in progress, that progress has been constrained due to the challenging financial position.

5.4 He noted that mental health interventions will help people in many other ways such as improved employment opportunities.

5.5 The deputy First Minister reflected on impact of social media on mental health and also on need for the right interventions at the right time, which lead to better outcomes.

5.6 Minister Long said there was a need for tailored support and raised concerns about the levels of diagnosis, and ensuring people receive the right care and treatment.

Item 6: Press Release for Agreement

11

6.1 It was agreed the draft Press Release to issue after the meeting, with the proviso that it was not agreed to change the name of the Group or to widen its scope.

Action: Press Release to be issued following meeting

Item 7: Any other business

7.1 No items raised.

Item 8: Date of next meeting

8.1 Minister Nesbitt closed the meeting advised that officials would be in contact to make the necessary arrangements for future meetings.

Action: DoH to engage with Private Offices to arrange dates for the future meetings.

Member list of EWG:

Member list of Executive Working Group for Mental Wellbeing, Resilience and Suicide

Prevention

DoH (Minister)

TEO (Ministers)

DE (Minister)

DAERA (Minister)

DfC (Minister)

DfE (Minister)

DoJ (Minister)

DfI (Minister)

DoF (Minister)

Chief Medical Officer

Mental Health Champion

PHA (suicide prevention lead)

Senior DoH Officials – suicide prevention and mental health

Terms of Reference:

EXECUTIVE WORKING GROUP ON MENTAL WELLBEING, RESILIENCE AND SUICIDE PREVENTION

TERMS OF REFERENCE

1.0 Context

The Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention will have a clear commitment across the Executive to joint working to improve mental wellbeing with suicide prevention as a central priority.

The primary functions of the Group are:

- To monitor and report on progress of relevant departmental actions.

- To determine additional actions in support of suicide prevention and mental wellbeing.
- To examine wider progress in relation to the implementation of the Protect Life 2 Strategy.
- To review existing cross-departmental co-ordination on suicide prevention.
- To consider cross-departmental actions to improve psychological resilience of hard to reach groups.
- To consider actions for reducing risk factors for suicide and for enhancing protective factors.
- To ensure inclusion of emotional wellbeing and resilience building within the new Mental Health Strategy.

2.0 Membership

Membership will be The Northern Ireland Executive Committee; representatives (at a senior level / decision making level) of the key agencies or sectors with a responsibility for, and experience of, addressing suicide prevention issues and mental health and emotional wellbeing.

This will include senior representation from Department of Health and other Departments, and the Public Health Agency.

Chair: Minister for Health

Secretariat Role: Department of Health, Health Improvement Policy Branch

3.0 Schedule of Meetings

- The Group will meet on a quarterly basis.
- Updates will be requested one month in advance (due 2 weeks before meeting).
- Papers and agenda to be shared minimum one week in advance. This will include agenda; notes of last meeting; progress report.